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ABSTRACT

This study concerns the help-seeking behavior of black males as it relates to mental health and attempts to identify the day-to-day concerns and problems of black males, describe their help seeking patterns, and make suggestions for future research and policy development to improve black males' mental health. The sample was 142 black males, ages 18 and over, living in the Washington, D.C. area. A personal interview schedule, consisting of closed and open-ended questions, was administered and data was collected and analyzed by computation of frequency distributions and analyses of selected variables using correlational statistics and principal component factor analysis. In general, the respondents were found to be in good mental and physical health, although approximately one-fourth reported having a chronic health problem such as diabetes or hypertension. The problems most frequently mentioned by the respondents were economic or employment problems. Concerning help-seeking patterns, most of the men preferred solving their own problems and the factors influencing whether they sought outside help or not related largely to the type of problem rather than to personal characteristics. Relatives and friends were found to be important sources of help, and mothers, wives, and girlfriends were most frequently mentioned as helpers. The group was found to use formal sources of help infrequently; however, their attitude toward such help was positive. (CG)

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HELP-SEEKING BEHAVIOR AMONG BLACK MALES

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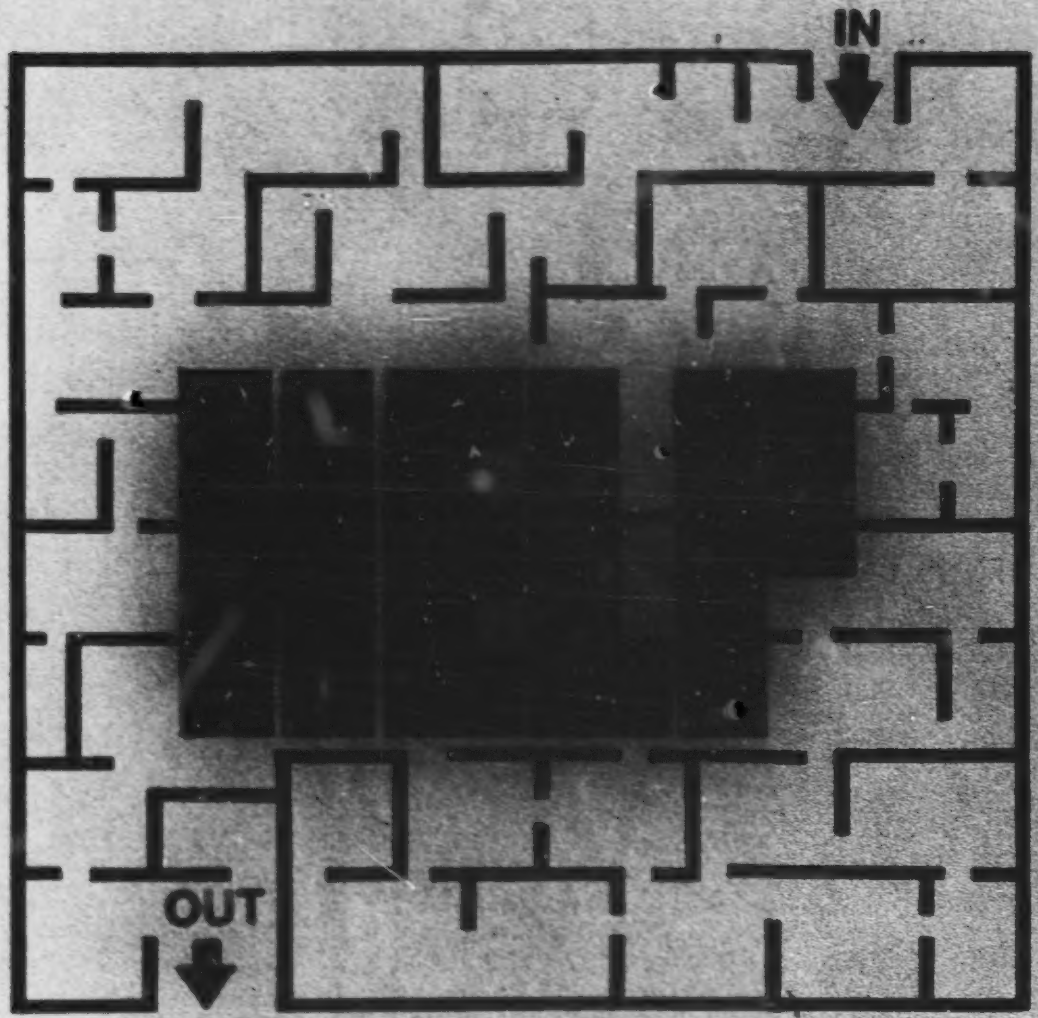

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HELP-SEEKING BEHAVIOR AMONG BLACK MALES

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FINAL REPORT

Mental Health Research and Development Center
Institute for Urban Affairs and Research
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Washington, D. C.
1983

TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS	i
EXECUTIVE SUMMARY	ii
CHAPTER I. INTRODUCTION	1
Purpose and Objectives	1
Review of Related Literature	1
Methodology	12
CHAPTER II. PROBLEM IDENTIFICATION	22
Three of the Most Serious Problem of Black Men	23
First Biggest Problem in Lifetime	27
Respondents' Concerns and Problems	29
CHAPTER III. PATTERNS OF HELP-SEEKING BEHAVIOR	40
Orientation Toward Help-Seeking	40
Utilization of Informal Sources of Assistance	46
Utilization of Formal Sources of Assistance	56
CHAPTER IV. DISCUSSION	68
Problems Faced by Black Men	68
Help-Seeking Patterns	74
CHAPTER V. CONCLUSIONS AND RECOMMENDATIONS	86
Conclusions	86
Significance and Limitations	89
Recommendations	95

TABLE OF CONTENTS (Cont'd)

Page

REFERENCES.. 95

APPENDIX

Selected Variables Which Influence Types of Instrumental Assistance.. 104

Selected Variables Which Influence Types of Expressive Assistance.. 105

Selected Variables Which Influence Types of Instrumental Espressive Assistance.. 106

LIST OF TABLES

Table | Page

1 Demographic Characteristics of the Sample and 1970 Census Data for the Black Male Population of Washington, D.C. 17

2 Three of the Most Serious Problems of Black Men by Type of Problem 26

3 Frequencies for the Biggest Life Problems 28

4 Frequency Distribution of Problems with Mate or Spouse 35

5 Classification of Respondents as Help-Seeker or Non-Seekers 44

6 Frequency Distribution of Where Respondents Would go for Help with a serious Emotional Problem 45

7 Frequency Distribution of Instrumental, Expressive, and Instrumental-Expressive Forms of Assistance 48

8 Factor Loadings Among Friendship Variables 51

9 Factor Loadings Among Religiosity Variables 55

10 Frequency Distribution of Type of Helper to Whom Respondents Would Refer a Friend or Relative Experiencing Marital Difficulties 62

11 Distribution of Respondents to Selected Behavioral Statements Representing Attitudes Toward Using Community Mental Health Centers 64

Figure

1 Frequency Distribution of Types of Selected Service Agencies Utilized by the Respondents Within the Past 12 Months 58

2 Frequency Distribution of Where Respondents Would Go When Real Sick 60

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Executive Summary

The Mental Health Research and Development Center of the Institute for Urban Affairs and Research at Howard University conducted this study with the primary purpose of understanding the help-seeking behavior of Black males, particularly as it relates to mental health. The objectives of this descriptive exploratory study were as follows: (1) to identify some of the day-to-day concerns and problems of Black males; (2) to describe the help-seeking patterns of Black males; and (3) to make suggestions for future research and recommendations for policy development to enhance the well-being of Black males.

The sample for this study consisted of one hundred and forty-two (142) Black males who were 18 years of age or older who resided in the Metropolitan Washington, D.C. area. The men were selected through systematic random telephone sampling, from responses to posted announcements, and by referrals from respondents who had participated in the study. A personal interview schedule which consisted of a variety of closed and open-ended items was administered by trained interviewers. Data were collected in three major areas: demographic and social characteristics, problem identification, and help-seeking patterns. A three-phase analysis plan was used to analyze the data. The first phase involved the computation and examination of frequency distributions. The second and third phases involved analyses of selected variables using correlational statistics and principal component factor analysis. Some of the major findings and conclusions of this study follow.

Based on the results of several unidimensional and multidimensional measures pertaining to mental health, the majority of the men in this study were found to be in relatively good mental health. Specifically, most of the men reported that they were happy with their lives, and the majority had never felt that they were going to have a "nervous breakdown." In addition, the results of the Center for Epidemiologic Studies Depression Scale (CES-D) indicated that the majority did not manifest depressive symptomatology.

Findings also revealed that the majority of the men were in relatively good physical health. Few reported being hospitalized within the last year, and slightly more than half reported having no illnesses within the last year. However, approximately one-fourth of the sample reported having a chronic health problem, the most frequently mentioned of which were hypertension and diabetes. A self-assessment of the need for dental care revealed that half of the men were in need of dental work.

In the context of the respondents' perception of the most serious problems of Black males in general, and the individual respondents' biggest lifetime problem, a classification of four major types of problems was developed: (1) personal; (2) interpersonal; (3) economic or employment; and (4) social, educational, or political. Economic or employment problems were most frequently mentioned as the most serious problems of Black males in general, and as the respondents' biggest lifetime problem. In the case of the former, employment status was found to be a significant variable among those who mentioned economic or employment problems, while marital status and family income were significant variables among those who

mentioned economic or employment problems as their biggest lifetime problem. Personal and interpersonal problems were the least mentioned types of problems.

With reference to job satisfaction, most of those employed were satisfied with their jobs, and got along well with their supervisors. The majority felt that their jobs were secure; however, they also felt that racism and discrimination existed in their work place.

Analysis of data regarding help-seeking patterns revealed that most of the men preferred solving their own problems. However, classification of the men as either help-seekers or non-seekers resulted in an equal distribution with no significant distinctions according to age, education, marital status, employment status, or family income. The type of problem appeared to be more significant than was age, education, marital status, employment status, or family income in determining the patterns of help-seeking among the men in this study.

Relatives and friends were found to be important sources of help. Mothers, wives, or girlfriends were found to be the most frequently mentioned helpers. Although there was generally little utilization of formal sources of help, except in the case of hospitals or clinics, the men were found to be amenable to these sources. Specifically, when hypothetically presented with a serious emotional problem, a nearly equal distribution of men said that they would seek help from formal and informal sources. Further, the majority of the men were found to have positive attitudes toward community mental health centers; age, education, marital status, employment status, and family income were not significant.

Based on the findings and conclusions of this study, several recommendations have been suggested which include the following:

(1) that recognition and consideration be given to external factors, especially economic and employment, which impinge on the quality of life for Black men;

(2) that racism and discrimination be eliminated, especially in employment;

(3) that mental health professionals recognize the importance of informal sources of help for Black men, and use these sources in developing mental health policies and practices;

(4) that formal sources of help initiate and expand efforts to provide services which are sensitive to the needs of Black men; and

(5) that additional research regarding the mental health of Black men be conducted, especially the impact of external factors.

CHAPTER I

Introduction

American society has historically denied Black people the same social and economic opportunities afforded whites. This is particularly true among Black males because they have not been afforded the privileges of power and position in society. The problems confronting these men as a result of their precarious status can be documented through government statistics and selected literature; however, there is little documentation of how Black males respond to their concerns or problems. Consequently, it is easier to observe the problems faced by Blacks than it is to determine how such problems are resolved.

Purpose and Objectives

The primary purpose of this study was to gain some understanding of the help-seeking behavior of Black males, particularly as it relates to mental health. The specific objectives of the study were as follows:

- To identify some of the day-to-day concerns and problems of Black males. What are some of their concerns and major problems? Are their problems personal or interpersonal; or are they primarily economic, educational, and so forth?

- To describe help-seeking patterns of Black males in addressing their concerns and problems. What are these patterns? Is there a differential use of formal and informal resources? Where are they more likely to go for help with emotional problems?

o To delineate issues, questions, and hypotheses for further research, and to make recommendations for the development of social welfare policies and practices. Which help-seeking patterns seem significant enough to warrant further study? What specific hypothesis should be tested? Based on this research, what directives for mental health policies and practices emerge?

The purpose and objectives of this study were conceptualized from the perspective that help-seeking can contribute to positive mental health by mediating against stress and other circumstances which may threaten an individual's well-being. In view of this, the study of help-seeking behavior among Black males, as well as other population groups, is important.

Review of Related Literature

Empirical investigations documenting the help-seeking behavior of Black males are limited in the social science literature. Many of the comprehensive discussions of the circumstances and coping strategies of these men are found in the biographies, autobiographies, letters, or folklore in popular literature (Dorson, 1954; Cronon, 1955; Douglas, 1960; Bennett, 1964; Brown, 1965; Little,1965; Dubois, 1968; Teaque, 1968; Russell, 1979). Though the contributions of popular literature to the current state of knowledge about Black men cannot be ignored, the primary focus of this review will be on works which provide theoretical frameworks and methodological techniques for studying the problems and help-seeking behavior of Black men. These works have been placed into two categories, i.e., problems and help-seeking. It should be noted that the help-seeking literature has been given greater emphasis than problems since the primary purpose of this study is to understand the help-seeking patterns of Black males.

Problems. The problem-oriented literature focuses on such areas as veterans' problems (Strayer and Ellenhorn, 1975; Fendrich, 1972), criminal justice (Denfield, 1974), health (Hendin, 1969; Dennis, 1977; Globetti, 1971; Goldstein, 1963; Halikas, 1976; King, 1969; Steer, 1977; Derbyshire, 1963; Gary, et al., 1978), manpower (Scott and Phelan, 1969; Gelber, 1974; Beard, et al., 1975), and family role performance of Black males (Parker and Kleiner, 1966; Cazenave, 1979; Daniel, 1975; Maxwell, 1968; Rubin, 1974; Mackie, et al., 1974).

Though problem specific research is important in the development of program practices and policies for Black males, systematic research providing an in-depth analysis of the general problems faced by Black males is sparse. There are, however, at least two studies (Rutledge and Gass, 1967; Liebow, 1967) that exclusively investigate the day-to-day problems in living experienced by Black men.

Rutledge and Gass (1967), in an exploratory study of low-income Black men ranging in age from 20 to 49 years who completed a retraining program for practical nurses, utilized a non-probability sample of 13 men who had a history of unsuccessful employment. The researchers examined concrete problems encountered by the subjects and found that major problems included financial concerns, feelings of inadequacy as husbands and fathers, marital disharmony, lack of academic skills, communication difficulties, and identity problems related specifically to their masculinity. Though useful in terms of problem identification, this study contributes little to the knowledge of where Black males turn for help in addressing their problems.

Another exploratory study devoted exclusively to the collection of primary data describing the problems of Black men was conducted by Eliot Liebow (1967). A convenience sample consisting of 24 Black men who congegrated regularly on a street corner in the heart of an urban city provided data for this study. The age range for the subjects was from the early 20's to the middle 40's. A participant observation methodology was used which allowed the subjects' daily routines to be recorded. The results of this study indicated that the respondents were confronted with problems similar to those faced by the subjects in the Rutledge and Gass (1967) study. Liebow concluded that the Black men in his study were victims of very negative experiences in America.

The studies by Rutledge and Gass (1967) and Liebow (1967) were based on very small, non-random samples and thereby have inherent liabilities for generalizing to other Black males. Further, both studies were limited to Black men of low socioeconomic status.

Help-Seeking. The concept of help-seeking has been discussed from several vantage points in the social science literature. From a theoretical perspective, these discussions have concentrated on issues of dependent behavior, approval seeking, and group conformity (Cotler and Quilty, 1972). For example, Landy (1960) proposes several hypotheses concerning the problems of the person deciding to seek help in this society. His hypotheses include the following: 1) the help-seeker must feel that he is handicapped with regard to himself, family, friends, or society; 2) he must face the probability that these relevant others will know of his disability and question his role and achievement capacity, thus rendering him culturally disadvantaged; 3) he must be willing to admit to the helper that he may have failed as a person and is incapable of handling and solving his problems unaided as the culture demands and expects; 4) he must be willing to surrender some autonomy and place himself in the dependent client relationship relying on the ability of the helper to give the help needed; 5) he must decide to ask for assistance within the lay referral system (comprising all those to whom the person may turn for help, non-professionals as well as professionals); and 6) he must make a number of economic decisions, each of which not only has consequences for the way he views his own capabilities, but which also influence his path to the helpers (pp. 144-145). Gross, et al. (1979), on the other hand, suggest that help-seeking is more apt to take place if requesting such help does not imply failure or personal incompetence. Regardless of one's orientation to help-seeking, recognition of a problem and the decision to seek aid from sources other than self, are the initial stages in the help-seeking process.

The resources available to the person who decides to seek help may be classified as informal or formal support networks (Brown, 1978). Informal networks are comprised of friends, family, neighbors, co-workers, and so forth, while formal networks consist of agency and program systems specifically designed to serve help-seekers. Furthermore, help-seeking styles within support networks have been denominated as negotiating or didactic (Asser, 1978). Negotiating styles are characterized by the help-seeker maintaining responsibility for the final problem solution, whereas didactic styles are in evidence when help-seekers totally abdicate the responsibility for problem solution to the helper.

Resulting from the efforts of social scientists to understand the interrelationships of individuals, the concept of support networks has received a great deal of attention in the literature. A basic definition was offered in 1954 by John Barnes when he asserted that a network is a set of points which are joined by lines. The points are people, or sometimes groups, while the lines are indicative of people's interactions with one another (Barnes, 1954). Empirical applications of this concept were initially employed in small, isolated communities, exhibiting well-defined boundaries by anthropologists utilizing a participant observation technique (Barnes, 1954; Bott, 1956; Little, 1957; Bettison, 1958; Mitchell, 1969). Subsequent literature defined and expanded the concept of networks to accommodate other conceptual considerations and methodological procedures (Mitchell, 1969; Craven and Wellman, 1973; Warren, 1976; Collins and Pancoast, 1976; Irving, 1977; McAdoo, 1977).

One study which utilizes such expanded methodological and conceptual techniques was conducted by Tolsdorf (1976) who moved from the natural geographic community for studying networks to the institutionally-based psychiatric community. Using comparison groups of ten normal and ten schizophrenic males, the subjects' network size, density, composition, and functions were studied. Though useful in supporting use of the network model to examine coping, help-seeking being one aspect, Tolsdorf's sample involved a very small number of Black men. The results, however, suggest that the kind of problem may influence who is included in one's network. Psychiatric subjects tended to limit relationships with nonfunctional people as well. Conceptually, Tolsdorf's work represents a milestone in the use of networks to examine empirically support and coping among males.

The utility of the network concept has been complicated by varying definitions and the complexity of structuring in-depth network research procedures. Consequently, many investigators have limited their areas of concentration to specific characteristics of a given network, including selected structural and functional aspects. Nevertheless, findings from numerous studies (e.g., Horwitz, 1978) substantiate the idea that informal support, which is acquired through the networking process, has provided the key to survival for many individuals who are confronted with problems of varying magnitudes. For example, researchers such as Hays and Mindel (1973), Stack (1974), and McAdoo (1977) have documented the existence of very functional kinship and friendship networks within Black communities of different socioeconomic levels. Their findings indicate that Black people are likely to rely on informal sources of assistance as an initial response in help-seeking. Horwitz (1978) reached similar conclusions in his study of white middle class psychiatric help-seekers. However, his data are limited in their generalizability to Blacks.

Available studies on support networks and men in general provide conflicting results concerning the supportiveness of these helping networks. For example, Mendes (1976) concluded that functional kinship networks for the majority of her sample of 32 single fathers were lacking. Problems of proximity, intensity of relationship, and recognition of the need for assistance hindered the effectiveness of existing networks. Conversely, Orthner, et al. (1976) indicated that their 19 male respondents acknowledged having functional same-sex friendship networks less often than did the female respondents.

In an analysis of the social support networks of men in general, Lein (1979) stated:

> ...men's social networks were substantially different from women's. Although men were acquainted with as many as or more people than women, they know fewer people as close friends. Second, men's networks tended to include co-workers for friends rather than neighbors or relatives.... Men in this study never reported drawing on their own social network to help with child care and housework. Women tended to call on people from the neighborhood, their families, and a variety of formal and informal groups. (p. 491).

These conclusions support earlier findings on emotional intimacy among men. Based on a review of the literature, Lewis (1978) identified several studies which suggest that, "although men may report more same-sex friendships than women do, these friends are not close or intimate" (p. 108).

In a study of help-seeking, problem coping, and mental health (N=1,531) Warren (1976) included 245 Black males. He found that regardless of sex, Blacks would seek help from a neighbor more frequently than would whites; however, white males utilized their co-workers more than did any other group. Family income was found to be directly related to the use of co-worker and clergy as helping networks. Results indicated that help-seeking from co-workers increased in proportion to income regardless of race. Additionally for Blacks, seeking help from the clergy was higher for middle income than it was for lower income groups.

Warren (1976) also found that marriage and employment were associated with the use of a number of helpers by Black males. Black men who were unemployed or not married displayed a less extensive helping network than did those who were employed or married. Findings on the preferences of Black men in relation to the use of specific resources as helpers showed that married Black men had a tendency to request aid from their spouses for recent concerns significantly more than did their white counterparts. Further, Black men particularly unmarried Black men, were more likely to seek help from friends for recent concerns than were Black women and significantly more than whites of either sex. Overall, the Black males in this study were found to be more reliant on others for help with frequently occurring problems. Warren's large sample size is an asset to the study's generalizability and its major findings demonstrated that the use of informal sources in help-seeking is higher for Blacks than it is for whites regardless of sex. Black men had a wider array of informal helpers than did Black women or whites of either sex.

These findings are consistent with those of Pugh and Mudd (1971) who found that 29 percent of the males in their sample (n=21) selected their mothers as helpers with personal problems; 24 percent chose the minister; wife and father were each preferred by 14 percent of the male respondents; and only 10 percent of the men reported that they would seek help from a psychologist.

In addition to seeking help from informal resources, many persons often utilize formal sources of assistance. A number of studies on the utilization of formal social service agencies indicate that minorities and the poor tend to underutilize professional services (Willie, et al., 1973; Shapiro, 1975; Cannon and Locke, 1976; Leutz, 1976; Greenley and Mechanic, 1976). Assistance from professionals is usually not sought until the problem has reached crisis proportions. Several authors have suggested that many Blacks do not perceive the day-to-day problems that they encounter as concerns which require professional help (Lerner and Anderson, 1963; Lieberman, 1975), while others note that help-seeking declines with aging and is more prevalent among whites than it is among Blacks (Baker, 1977; Gourash, 1978; Rosenblatt and Mayer, 1972). Greenley and Mechanic (1976) have documented the association between one's reference group and the acceptability of helping resources, while Strong (1978) has postulated that many problems are not viewed as needing external intervention due to the person's interpretation of the event's significance. For those who do seek professional help, the road is often paved with persistent barriers.

Barriers to the use of professional services are caused by a number of factors. Corrigan (1978), in a study (N=211) of males and females ranging in age from 17 to 26 years, found that "experiences" and "trustworthiness" were important attributes of professional helpers, thus an absence of these may pose barriers to seeking professional help. Other barriers which are more frequently cited include the complicated and time consuming bureaucratic procedures, lack of communication between the help-seeker and the service deliverer, inaccessible locations of agencies, lack of economic resources, and the negative perceptions of institutional assistance by the help-seeker (Pugh and Mudd, 1971; Warren, 1972; Sue, et al., 1974; Fiman, 1975). When help is sought from professionals, quite frequently the Black client terminates the contact prematurely. For example, Sue, et al. (1975) investigated the services received by Blacks in a community mental health center by examining client records. Their most significant finding was that over 50 percent of the 95 Black clients failed to return for services after the first session.

Though it is recognized that some people are more likely to seek help through formal sources than are others, empirical evidence to support this claim is limited in discussions of the Black male. As part of an investigation of the dimensions of positive mental health of Blacks, Gary, et al. (1978) obtained data on the responses of 411 Blacks as to where they would go for help with a "serious problem." Their findings reveal that, if any of the 134 Black males in the study looked for assistance with a serious problem at all, (other than physical), they were more likely to go to an informal source.

The Warren (1976) data provide more information on the help-seeking behavior of Black males with regard to formal service. The results of this study clearly demonstrate that, if Black males sought any type of help at all with frequently experienced problems, the use of informal helpers was widespread, while usage of formal helpers dropped sharply. When crisis situations were related to help-seeking behavior, the greatest difference between the help-seeking patterns for frequently experienced problems and crisis situations was found to be an increase in the use of the formal support network, particularly in the use of doctors.

Conclusion. Currently there exists a limited body of literature focusing on the problems, and help-seeking behavior of Black men in America. Most available information can be found in the popular as opposed to the social science literature. The few empirical studies focusing on Black males in this review have been plagued with a number of conceptual and methodological shortcomings. For example, in most cases, there was either a lack of stated perspectives for viewing problems or a pathological theoretical orientation was used. Further, excluding the Pugh and Mudd (1971), and the Warren (1976) research, the scope of the studies was limited in that the problems of the men were isolated with no attention to help-seeking. The major methodological concerns include the use of extremely small samples and the focus on low-income Black males. Thus, conclusions from these studies are not generalizable. Consequently, there are major gaps in our knowledge related to the problems, as well as help-seeking behavior of Black males.

This review of the literature has revealed that the help-seeking behavior of Black males has been relatively neglected in the social science literature. More systematic research on the life circumstances and coping strategies of these men is imperative, if their needs are to be adequately met in this society. The present research provides a more comprehensive investigation of the problems and help-seeking behavior of Black males. The sample represents a variety of socioeconomic backgrounds, and the intensive interviews yielded data appropriate for quantitative analyses.

Methodology

This section of the Chapter describes the nature of the study as well as methodological procedures used to conduct it. It includes sample selection and characteristics, data collection procedures, and the analysis plan.

Nature of the Study. As a result of prior social science research on Blacks in America, a number of conceptual issues have surfaced. These issues merit consideration since research results are used in formulating public policy. The issues include a failure to recognize class differences among Blacks, as well as inappropriate comparisons of low-income Blacks with middle-income whites. In addition, the significance of the cultural heritage and differences of Blacks, particularly values, have emerged as areas of debate (Noble, 1978; Herskovits, 1966; Murray, 1971; Greer, 1974; Reissman, 1962; Cloward and Jones, 1963; Inbeles, 1966.).

Most notably, Billingley's (1968) work on Black families prompted greater recognition of the relationship between families, as well as individuals, and the broader society. Thus, environmental factors and institutionalized patterns have received greater emphasis by social scientists than was true in the past.

In view of the many conceptual issues that have emerged in the study of Blacks in general, and the limited research on Black males in particular, this study was designed as an exploratory descriptive survey. It was conceptualized on the basis that help-seeking can contribute to positive mental health and that formal and informal help-seeking among Black males merit investigation. Further, as an exploratory study, the parameters of this investigation were extended to include diversity among Black males, as well as the environment in which they live.

Sample Selection and Characteristics. The target population for this study was Black males who were 18 years of age or older living in the Washington, D.C. Metropolitan area. Because of its exploratory nature and the interest in diversity, several techniques were employed in recruiting subjects for this study. Several techniques were also used in view of the general problem of securing "non-captive" Black males for social science research purposes. The techniques were as follows: (1) sampling through the use of a list of computer-generated random telephone numbers, (2) posted announcements, and (3) referrals by other respondents. The computer-generated random telephone technique yielded few respondents. This was greatly due to the fact that since there was no control for race, many of the numbers selected were non-Black households. On the average, one respondent was recruited for every ten households telephoned. The use of posted announcements yielded more respondents than did the random telephone technique. Fliers advertising the study were posted in barbershops that had a largely Black adult male clientele. The barbershop owners and operators were very cooperative and this technique was fruitful for securing respondents. Finally, respondents who were interviewed were encouraged to refer other Black males for the study. This technique also resulted in many participants for the study.

A total of 142 Black males between the ages of 18 and 65 years were selected for this study; the median age was 33 years. The age of the respondents, as well as their marital status, education, family income, and employment status, were compared with data for Black males from the 1970 Census for the District of Columbia and for its Standard Metropolitan

Statistical Area (SMSA).*

Data for the sample in this study showed that 63 percent of the respondents were between the ages of 25 and 44 years, while 16 percent were between 18 and 24 years, and 21 percent were 45 years of age or older. Generally, when compared with the 1970 Census data for both the District of Columbia and its SMSA, an equal percentage of the men in the three data sets (16%) were between the ages of 18 and 24 years. However, the percentage of men in the sample who were between 25 and 44 years of age (61%) was larger than were the percentages for the District of Columbia (45%) and its SMSA (47%). On the other hand, the percentage of men in the sample who were 45 years of age or older (21%) was smaller than were the percentages reported for the District (39%) and its SMSA (34%).

Approximately one-third of the sample (n=140) indicated that they were married, while 46 percent reported their marital status as never married. Twenty-one percent of the sample were separated or divorced; one respondent was widowed, and two of the 142 men did not report their marital status. When compared with the marital status of men in the District of Columbia and its SMSA, the marital status of the men in this study differed in the proportion of married and never married men. More specifically, the percentages of married men in the District of Columbia (60%) and its SMSA (62%) were nearly twice as large as that of the sample. On the other hand, the sample consisted of nearly twice as many never married men when compared with the District (25%) and its SMSA (23%).

Approximately half of the sample had received more than 12 years of education, while approximately one-fourth, respectively, had received either 12 years or less than 12 years of education. The percentage of men in this study with more than 12 years of education was substantially greater than were the percentages for the District (15%) and its SMSA (16%). Correspondingly, a substantially smaller percentage of the men in the study had received less than 12 years of education, when compared with the 1970 Census data for the District (56%) and its SMSA (55%). Comparable percentages of men in the study (26%) and in the District of Columbia (29%) and its SMSA (29%) had received 12 years of education.

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*This study was conducted before the 1980 Census was undertaken.

Thirty-eight (38) percent of the respondents had annual family incomes below $10,000; 44 percent had family incomes between $10,000 and $24,999; and 18 percent had family incomes of $25,000 or above. Compared to the District of Columbia and its SMSA, the sample for this study consisted of a smaller percentage of men with low family incomes and a correspondingly larger percentage of men with middle and upper family incomes.

Examination of employment status indicated that 77 percent of the men in this study were employed, 3 percent were unemployed, and 20 percent were not in the labor force. These percentages approximated those for the District of Columbia and its SMSA. Distributions of the age, marital status, education, family income, and employment status for the sample, as well as for Black adult males in the District of Columbia and its SMSA in 1970, are presented in Table 1 which follows.

TABLE 1

Demographic Characteristics of the Sample and 1970 Census Data for the Black Male Population of Washington, D.C.[a]

Characteristic	Sample		1970 Census Data	
			D.C.	SMSA
	f	%	%	%
Age				
18 - 24	23	16	16	17
25 - 34	64	45	25	26
35 - 44	25	18	20	21
45 - 54	19	13	18	16
55 and over	11	8	21	18
Total	142	100	100	100
Marital Status				
Married	46	33	60	62
Never Married	64	46	25	23
Separated	12	9	8	8
Divorced	17	12	4	3
Total	139	100	97[c]	96[d]
Missing Data = 3[b]				
Education				
Less than 12 years	33	23	56	55
12 years	36	26	29	29
More than 12 years	73	51	15	16
Total	142	100	100	100
Family Income				
Less than 6,000	20	16	31	30
6,000 - 9,999	29	22	28	28
10,000 - 14,999	20	16	24	24
15,000 - 24,999	37	28	14	15
25,000 and above	23	18	3	3
Total	129	100	100	100
Missing Data = 13				
Employment Status				
Employed	91	65	76	76
Unemployed	30	22	3	3
Not in Labor Force	18[e]	13	21	21
Total	139	100	100	100
Missing Data = 3				

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[a] Data have been rounded; 1970 Census data are for Black males 18 years of age and over.

[b] Includes one widower

[c] Excludes 3% who were widowed.

[d] Excludes 4% who were widowed

[e] Includes full-time students, retired, and disabled persons.

*Source: U.S. Department of Commerce, 1970 Census of Population, Characteristics of the Population, Volume 1, Part 10.

Analysis of the occupational structure of the respondents for this study indicated that 66 percent of the men (n=116) were white collar workers, while 16 percent were blue collar workers, and 18 percent were service workers. When compared to the 1970 Census data for Black adult males in the District of Columbia and its SMSA, the percentages of white collar workers for the District (51%) and its SMSA (50%) were smaller, while the percentages of the blue collar workers were larger (30% for both the District and its SMSA) than were those for the sample. The District as well as its SMSA, had comparable percentages (19% and 20%, respectively) of men who were service workers (U.S. Bureau of the Census, 1970).

Additional inquiries of the men in this study about employment revealed that among those men (n=94) for whom information was obtained regarding their employer, 50 percent were government workers, while 41 percent were employed by the private sector, and 9 percent were self-employed. Although the percentage in the sample who were employed by the government was somewhat larger than were the percentages for the District (41%) and its SMSA (41%) in 1970, larger percentages of men employed by the private sector were reported for the District (56%) and its SMSA (55%) than for the sample. Small percentages of the men in this study, as well as the District (4%) and its SMSA (4%), were self-employed (U.S. Bureau of the Census, 1970).

Approximately 86 percent of the respondents lived in the District of Columbia, while the remaining 14 percent lived in nearby Maryland and Virginia. The average number of years of residence in the Metropolitan area for the total sample was 25 years. Further, with respect to residential mobility, about 61 percent of the men reported that they had not moved or had moved only once during the past five years; less than 10 percent had moved four times or more during the same period.

Thirty-two (32) of the men reported that they lived alone. The application of Billingsley's (1968) typology of family structure to the 106 respondents who did not live alone revealed that 46 percent lived in extended families, 43 percent in nuclear families, and 11 percent in augmented families. Data were not reported for five respondents.

Data Collection. Private interviews were conducted by trained interviewers using Howard University office facilities. The average interview length was approximately two hours. The pretested interview schedule consisted of open-ended and forced-choice types of questions. Some of the items on the interview schedule were extracted from questionnaires utilized during the National Health Survey (USDHEW, 1975), and the Center for Epidemiologic Studies (Roth and Locke, 1973). Other items had been utilized by Warren (1976), Bradburn (1965), and Gurin et al. (1960). Items from the NHS (1975) examined the number and types of chronic and acute illnesses, injuries, and medical treatment for the men during the past year. Those items which addressed religious orientation sought to determine the nature of the men's religiosity through the examination of their religious involvement in various activities such as prayer alone and/or with others, participation in revival and other sponsored activities, and so forth. A 13-item inventory which previously had been employed by the University of Missouri at Kansas City's Family Study

Center (Kenney, Cromwell and Vaughn, 1977) was modified to eight items for this study. Regarding networks and help-seeking behavior, major items were extracted from the Warren (1976) study. Gurin's (1960) life satisfaction scale was utilized in conjunction with the Center for Epidemiologic Studies Depression Scale (See Appendix A) to extract data on the respondents' mental health. Finally, included in the questionnaire was an inventory which assessed the respondents' degree of racial awareness.

a Specification of Variables. The major outcome variable of concern in this study, which was help-seeking behavior, was defined in the context of actions aimed at problem-solving through requesting advice and/or material assistance. In this context, help-seeking was directed at a dichotomy of potential help-givers: those who were primarily involved in help-giving via formal network resources, and those persons who assisted on the basis of informal personal relationships. Formal networks consisted of structured agencies and programs, while informal networks included friends, family, colleagues, and so forth as potential helpers.

Problems were viewed as "anything that causes a person to feel unhappy, or angry, or upset, or to have difficulty in living from day to day, or that destroys a person in some way." Subsequently, problems were classified into four types: (1) personal, (2) interpersonal, (3) economic and (4) social. Each of these problems are elaborated in the next Chapter. Other major independent variables included: age, marital status, employment status, family income, and educational status. It should be noted that not all of the variables for which data were collected have been included in the report.

Analysis of Data. Data were analyzed primarily to explore the help-seeking behavior of Black males. In so doing, three levels of analysis were employed. The first level involved the computation of basic frequencies and other descriptive statistics, i.e., standard deviations, means, medians, percentages, and proportions. The second and third levels were used to explore differences in the frequencies for problem distributions, and to analyze factors which might be associated with help-seeking. Goodness of fit (X^2) tests were also conducted to explore differences in problem type distributions, and demographic variables such as income, education, and so forth. Indexes were developed for selected variables. Kendall's Tau was used to determine the intercorrelations of series of individual items to 1) orientation to help, 2) attitudes toward community mental health centers, 3) neighborliness, and 4) utilization of services.

Principal component factor analysis with varimax rotation was used to determine the degree of intercorrelations of the measures of religiosity, and friendship networks. A cutoff value of .35 for factor loadings was used to determine which items would be included on a factor. The Statistical Package for the Social Sciences and the Howard University computer facilities were used for data analysis.

CHAPTER II

Problem Identification

Prior to addressing help-seeking patterns, efforts were made to identify the types of concerns and problems of Black males. In this regard, each respondent was asked a variety of open-and closed-ended questions. The following classification of problems was developed: (1) personal, (2) interpersonal, (3) economic or employment, and (4) social, educational, or political.

The first type of problem, personal, focused on the individual. Problems which did not appear to involve others directly and which seemed to require major efforts on the individual's part for resolution were included in this category. It was recognized that, while these problems seemed to focus on individuals, the possible involvement of others could not be totally disregarded. Problems which were classified as personal generally included those of a physical or psychological nature, e.g., health problems, problems with alcohol or drugs, and psychological difficulties such as fear.

The second type of problem, interpersonal, included those which seemed to emphasize the individual and his relationship with those in his immediate and informal environment, i.e., family and friends. In this category of problems, relationships were distinguished by their informal and personal quality. They included relationships with spouse or mate, parents, children, friends, and peers.

The third type of problem, economic or employment, included those which specifically involved economics or work-related concerns. Problems were included in this category when reference was clearly made to economic or employment situations. Examples of these problems included: inadequate income, economic survival, unemployment, underemployment, and other job-related problems.

Finally, the fourth type of problem, social, educational, or political, involved those problems which suggested concerns which were broad in scope. More specifically, these were problems which greatly reflected on society, as well as the individual. They involved such areas as human services, education, and civil rights or liberties. Examples of these problems included: racism and discrimination, lack of education, suspension from school, and police harassment.

The designation of problems in the four categories was not always clear. However, as the purpose of the classification was descriptive, it was not developed to definitely address the nature or the source of problems faced by Black males. Figure 1 presents the classification of problems and examples of each type.

Three of the Most Serious Problems of Black Men

Each respondent was asked an open-ended question regarding his perception of the most serious problems confronting Black men as a group. Interviewers were instructed to probe for a list of at least five problems. As most (85%) of the sample listed at least three problems, data regarding the three first mentioned problems are presented in this report. It should be noted the problems were not necessarily reported by respondents in the order of importance, i.e., the men were not asked to rank problems. This was done so as to reduce personal bias. These problems were first categorized

FIGURE 1

Classification of the Problems of Black Men

Type of Problem		Examples
Type I.	Personal	Health Problems Alcohol/Drug Abuse Psychological Problems (Despair, Fears)
Type II.	Interpersonal	Problems with Spouse of Mate Problems with Children Problems with Parents Problems with Friends or Peers
Type III.	Economic of Employment	Inadequate Income Economic Survival Unemployment Job-Related Problems
Type IV.	Social, Educational, or Political	Racism/Discrimination Inadequate Education Suspension/Expulsion from School Police Harassment

using the classification of problems presented in Figure 1, they were then analyzed by selected variables, i.e., age, education, marital status, family income, and employment status.

In using the classification of problems, several trends were observed. For example, among the first and second problems listed, Type III (economic or employment) was the most frequently mentioned. In addition, among the first and second problems listed, the second most frequently mentioned problems were Type IV (social, educational, or political). Personal and interpersonal problems (Types I and II) were the least mentioned types of problems. The frequency distributions of the three first mentioned problems reported by the sample are present in Table 2.

After the three first reported most serious problems of Black men were categorized according to the classification of problems, each of the four types was analyzed by selected variables in order to explore variations. In view of the exploratory nature of this study, these variables were dichotomized as follows: a) age - under 35 years and 35 years or older, b) marital status - married and not married, c) education - less than 12 years and 12 years or more, d) family income - less than $8,000 and $8,000 or more, and e) employment status - employed and unemployed. Each of the three problems reported was viewed as a separate set of problems in order to avoid overlapping, e.g., the same respondent reporting three of the same types of problems. Accordingly, the first problems reported are referred to as the first set, the second problems as the second set, and the third problems as the third set.

First Set or Problems. When the first set of problems was further examined for within group differences according to age, marital and work

TABLE 2

Three of the Most Serious Problems of Black Men by Type of Problem

Type of Problem

List of 3 Problems	Type I (Personal)		Type II (Interpersonal)		Type III (Economic)		Type IV (Social)		Total[a]	
	f	%	f	%	f	%	f	%	f	%
1st Problem listed	23	(16)	9	(7)	64	(45)	45	(32)	141	(100)
2nd Problem listed	22	(16)	19	(14)	53	(40)	40	(30)	134	(100)
3rd Problem listed	21	(18)	23	(19)	29	(24)	47	(39)	120	(100)

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[a] Missing values not included.

status, family income, and education, only one of these significantly redistributed the responses. Work status demonstrated a significant relationship to the type of problem. The problem distributions differed significantly beyond the .01 ($\chi^2=.0055$, df=3) between the employed and unemployed men. Of the 128 valid cases reporting employment status, 49 of the 85 employed men perceived economic or employment problems as the most serious problem facing Black men. For the unemployed men (n=43), social, educational, or political problems were most often their response. No significant differences in problem distribution were found using age, marital status, family income, or education categories as delineators.

Second and Third Sets of Problems. For both of these sets of problems, no significant differences were found using age, marital status, education, family income, or employment status.

First Biggest Problem in Lifetime.

When the men were questioned as to what had been the "biggest problem" experienced personally during their lives, the most frequently mentioned type of problems were in the category of economic problems. Of the total sample, nearly one-third (31%) reported these as having been their biggest problem in life.

Following these in order of their frequency were personal (26%); social, educational, or political (22%); and family interpersonal problems (21%). Frequencies for the biggest life problem are presented in Table 3.

TABLE 3

Frequencies for the Biggest Life Problems[a]

Type of Problem	f	%
Type I - Personal (e.g., health, drugs, impatience, inconsistent behavior)	34	26
Type II - Interpersonal (e.g., relationships with mate, peers, and family)	27	21
Type III - Economic (e.g., inadequate income, economic survival, unemployment, job problems)	42	31
Type IV - Social (e.g., racism/discrimination, inadequate education, trouble with the law or police)	29	22
Total[a]	132	100%

[a] Missing values not included.

Marital status and income variables provided subgroups for analysis which differed significantly in their responses to the biggest life problems. When the married and not married mens' responses were examined in relation to the first biggest problem, the distributions differed at the .05 (X^2= .0267,df=1). Married individuals mentioned economic or employment difficulties first, and personal problems second, while the not married most frequently reported interpersonal problems, with social, educational, or political problems second. In regard to "biggest" lifetime problems reported according to income categories, interpersonal problems were the most frequent types mentioned by men having less than $8,000 yearly family income, while for men having income of $8,000 of more per year, economic or employment problems were reported most often. For the lower income group (n=35), the rank order distribution of responses was interpersonal; personal; social, educational, or political; and economic or employment. For the group at or above $8,000 annual family income (n=95), the rank order of problems was economic or employment; personal; social, educational, or political; and interpersonal. These distributions were significantly different at the .05 (X^2=.0246,df=1). No significant differences were found when the biggest lifetime problems were examined by age, work status, and education.

Respondents' Concerns and Problems

In addition to the respondents' perceptions of the problems of Black men in general and their own "biggest" life problem, efforts were made to explore existing problems faced by the men in this study. In this regard, the classification of problems was used as a guide in identifying general problem areas, i.e., specific problems were explored in each of the four problem areas. For the purposes of this study, some of the problems were explored more extensively than were others.

Personal Problems (Type I). Exploration of these types of problems involved questions about physical and mental health. Regarding the former, inquiries were made about illnesses, hospitalization, minor injuries, chronic health problems, alcohol consumption and dental needs. Similarly, several inquiries were made regarding the mental health of the men in this study including questions about life satisfaction, "nervous breakdowns," and desired life changes. In addition, the Center for Epidemiologic Studies Depression Scale (CES-D) was administered.

Forty-eight (48) percent (n=68) of the total sample reported at least one illness over the past year; 56 percent (n=38) of this group reported their illnesses as colds or influenza. Other first illnesses included: sinus problems, gastric attacks, kidney stones, muscle spasms, tonsilitis, eye problems, and stomach aches. Thirteen (13) percent of the men (n=142) reported a second illness over the past year. These ilnesses included headaches, colds and influenza, sinus and skin problems, and hypertension. Only 5 percent of the sample reported a third illness; these included veneral disease, hemorrhoids, and 24-hour virus.

Of the total sample, twenty-two respondents (15%) reported having been hospitalized during the past year. The average length of hospitalization was six days. Minor injuries during the past year were reported by 19 percent of the total sample. These injuries included sprained ankle or finger, fractured foot or knee, scratches and bruises.

Of the total sample, slightly more than one-fourth (29%) of the respondents (n=41) indicated that they had a chronic health problem. The two most frequently reported chronic problems were hypertension or high blood pressure (22%) and diabetes (10%). Others included back and knee problems, asthma, glaucoma, and obesity.

The condition of the respondents' teeth was explored by asking to what extent, if any, there was a need for dental work. More specifically, the men were asked to select one of the following categories as a self-assessment of the condition of their teeth at the time of this study: (a) perfect condition, (b) need some fixing, (c) need a lot of fixing, and (d) don't know. The responses were as follows: 16 percent of the men reported that their teeth were in perfect condition, while 49 percent reported that they were in need of some or a great deal of dental work, with the remaining 35 percent reporting that they didn't know.

With reference to alcohol, approximately 82 percent of the sample reported that they had never had a drinking problem, while the remaining 18 percent reported that they had or were uncertain. Of those men who reported drinking during the past week (n=103), 62 percent reported having drinks once or twice during the week, while 13 percent reported drinking three or more times; approximately 20 percent reported drinking nearly every day or once a day, and 5 percent twice a day or more. Among those who reported drinking one or more drinks a day, only one indicated that his drinking was out of control.

The respondents were asked to assess their present degree of happiness by responding to the following question: "Taken all together, how would you say things are these days?" The choice of responses was very happy, pretty happy, or not too happy. Sixty (60) percent of the men indicated that they were pretty happy, while approximately 20 percent, respectively, indicated that they were very happy or not too happy. When asked to compare their lives today with the way their lives were four or five years ago, approximately 38 percent of the sample reported that they were not as happy in the past, while 30 percent reported that they were happier in the past, and 32 percent reported that happiness with their present lives was about the same as it was in the past.

Life satisfaction was also addressed by asking the men to assess how well they were doing in getting what they wanted from life. Approximately 70 percent of the sample reported that they were doing pretty well, while approximately 30 percent reported that they were not doing well at getting what they wanted from life.

When asked "have you ever felt that you were going to have a nervous breakdown," the majority of the men (71%) reported that they had not, while the remaining 29 percent had felt this way. Approximately 16 percent of the total sample reported that they had felt they were going to have a nervous breakdown more than once.

Data were collected for 140 respondents using the Center for Epidemiologic Studies Depression Scale. It should be noted that this 20-item self-report scale was designed to measure depressive symptomatology and not to diagnose depression. The possible range of scores was 0 to 60 with more depressive symptoms being indicated by higher scores. Specifically, researchers have used scores of 16 and above to indicate the presence of depressive symptoms. Although this is the recommended scoring, appropriate cutoff scores have yet to be validated (Radloff, 1977). The results of the CES-D Scale in this study indicated that 69 percent of the men scored less than 16, while the remaining 31 percent scored 16 or more. The mean score was 12.15 and the standard deviation was 8.44.

With reference to their lives in general, the men were asked whether they would like things to continue in much the same way as the present, or if they wished things would change in some or many ways. The majority (59%) indicated that they would like some changes, while 27 percent expressed a wish for many changes, and 14 percent wished things would continue in much the same way. Among the desired life changes, 39 percent of the responses (n=118) were employment-related, e.g., better job, and greater job security; 29 percent involved a desire for more money; the remaining 32 percent included wishes for additional education, purchasing a home, and improvements in relationships with women, as well as others.

Interpersonal Problems (Type II). As was discussed earlier, these types of problems emphasized informal relationships, e.g., with family and friends. Current problems with these relationships were explored by asking the men questions about their mate or spouse, their children, and themselves.

In addressing problems with their mate or spouse, each respondent was presented a series of items about which couples sometimes agree or disagree. The men were then asked to indicate whether or not each item had been a problem for him and his mate or spouse during the past few weeks. Of the 13 items presented, no single item was reported as a problem for the majority of the men. However, the most frequently reported problems were: irritating personal habits, the respondent being away from home too much, how to spend leisure time, and the time spent by the respondent with his friends. The least mentioned problems were: the mate or spouse being away from home too much, the time spent by the mate or spouse with her friends, religion, and the disciplining of children. Table 4 presents the frequency distribution for each of the 13 items.

Those respondents who reported being fathers (n=79) were asked whether or not they had worried about or had any serious problems with any of their children within the past year. Slightly more than one-half (54%) indicated that they had, while 46 percent indicated that they had not worried about or had any serious problem. Those reporting a problem or worry were asked to describe the same. The responses to this inquiry were classified under three types: 1) health, 2) general well-being, and 3) school. Examples of general well-being included problems or worries about the child's future and living conditions; health problems included school adjustment and "cutting classes." Twenty-one of the 43 problems or worries were related to general well-being, while 15 were health-related and 7 were school-related.

Finally, the men were asked a series of questions regarding themselves and their interaction with others. First, they were asked to assess the extent to which they were outgoing. In this regard, approximately two-thirds of the sample indicated that they considered themselves to be average or better, while the remaining one-third felt that they were less than average. When asked about their ease in making new friends, approx-

TABLE 4

Frequency Distribution of Problems with Mate or Spouse [a]

	Yes		No		Total	
Problem	f	%	f	%	f	%
Time spent with your friends	41	(37)	71	(63)	112	(100)
Time spent with her friends	11	(10)	101	(90)	112	(100)
Household expenses	21	(22)	76	(78)	97	(100)
Keeping the house neat	27	(28)	70	(72)	97	(100)
Your being away from home too much	39	(40)	58	(60)	97	(100)
Her being away from home to much	8	(8)	91	(92)	99	(100)
Disciplining children	13	(14)	82	(86)	95	(100)
In-Laws/her family	18	(19)	78	(81)	96	(100)
Not showing love	21	(19)	90	(81)	111	(100)
Your job	34	(32)	72	(68)	106	(100)
How to spend leisure time	42	(38)	68	(62)	110	(100)
Religion	14	(12)	98	(88)	112	(100)
Irritating personal habits	46	(41)	65	(59)	111	(100)

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[a] N/A and missing values excluded.

imately three-fourths of the sample reported that it was easy, while approximately one-fourth reported that it was not so easy. The men were also asked about the extent to which they talk when they are with a group of friends. More than half (55%) indicated that they spoke about as much as everyone else, while 22 percent spoke less and 23 percent spoke more than others. More than half of the men (56%) stated that they are not nervous at all when meeting an attractive woman for the first time, while 35 percent stated that they are somewhat nervous, and 9 percent stated they are nervous. When asked to assess the extent to which they considered themselves to be shy, the majority (59%) felt that they were not shy at all or less than average in shyness, while 32 percent felt that they were about average, and 9 percent felt that they were more shy than average or very shy.

Economic or Employment (Type III). Several questions related to income and employment were asked in order to explore this type of problem. With reference to income from current employment, the men were asked to compare this income with the income they felt could be obtained from other jobs they could get. Among the 88 men for whom data were ascertained, 28 percent felt that their present income was below average, while 32 percent felt it was about average, and 40 percent felt it was above average.

In addressing job satisfaction, the men were asked about the extent to which they were bored or unhappy with their jobs. Nearly half (47%) of the men (n=88) stated that they were bored or unhappy sometimes, while 29 percent were not bored or unhappy, and 24 percent were bored or unhappy most or all of the time. However, 70 percent stated that they were satisfied imately three-fourths of the sample reported that it was easy, while approximately one-fourth reported that it was not so easy. The men were also asked about the extent to which they talk when they are with a group of friends. More than half (55%) indicated that they spoke about as much as everyone else, while 22 percent spoke less and 23 percent spoke more than others. More than half of the men (56%) stated that they are not nervous at all when meeting an attractive woman for the first time, while 35 percent stated that they are somewhat nervous and 9 percent very nervous. When asked to assess the extent to which they considered themselves to be shy, the majority (59%) felt that they were not shy at all or less than average in shyness, while 32 percent felt that they were about average, and 9 percent felt that they were more shy than average or very shy.

Economic (Type III). Several questions directly related to income and employment were asked in order to explore this type of problem. With reference to income from current employment, the men were asked to compare this income with the income they felt could be obtained from other jobs they could get. Among the 88 men for whom data were ascertained, 28 percent felt that their present income was below average, while 32 percent felt it was about average, and 40 percent felt it was above average.

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Of those who reported having a supervisor (n=88), approximately two-thirds reported that they got along very well, while one-third did not. In the context of work groups, 46 percent of the men (n=80) felt very much a part of such groups, while 35 percent only sometimes felt that they were a part of their work group(s), and 19 percent did not feel that they were a part of the group(s).

Regarding job security, approximately two-thirds of the men (n=90) felt that their jobs were secure, with the remaining one-third indicating that they did not feel this way. The men were also asked whether or not, in the past few months, they wished that they could do some other kind of work (n=89). Sixty-five (65) percent stated that they had felt this way and 35 percent had not. Finally, the men were asked whether or not they had looked for another job since being on their present one (n=89). The majority (58%) reported that they had and 42 percent had not looked for another job.

Social (Type IV). These problems were explored by asking several questions related to racism, education, and the police. When asked about the existence of racism on their jobs, 56 percent of the men (n-77) stated that it did exist, while 44 percent stated that it did not. It should be noted that 64 percent of the men (n=69) indicated that the race of employees and supervisors was mostly or at least half Black, with 36 percent reporting that they were mostly whites.

Among the 49 men who responded to inquiries regarding racism while in the military, approximately three-fourths reported that they had experienced racism, with the remaining one-fourth reporting that they had not. When asked about the extent of racism in the military (n=36), only 14 percent indicated that it was slight, while most (56%) indicated that it was not so slight or was serious.

The men were also asked whether or not their lack of education had hampered them. Of the total sample, 38.7 percent (n=55) of the men responded that their education had hampered them in life. The leading explanation for this response was the subjects' perceived need for more education (e.g., college degree, or high school diploma), followed by the lack of job opportunities and/or advancement, inadequate income, and being overqualified (college graduates), respectively. Less frequently mentioned was the impact of education on their own attitudes, skills and life goals in that order.

Finally, the men were asked whether or not they had been subjected to police harassment. For the 139 men responding to this item, 34.5 percent (n=48) indicated that they had at some time experienced police harassment and 63 percent indicated they had not. For those men who responded positively to the question of police harassment, the most frequent descriptor for the nature of the incident was verbal abuse. The second most frequent responses were physical brutality and traffic violations of a questionable nature. Finally, in their ranked order of occurrence, false arrest, illegal searches, trespassing, and noise complaints from other citizens were other events leading the subjects to perceive themselves as having been harassed by the police. The average number of incidents of harassment reported was 2.98 or nearly three per respondent.

CHAPTER III

Patterns of Help-Seeking Behavior

Chapter III presents the major findings regarding attitudes toward seeking help as well as the actual help-seeking behavior of the men in this sample. These data are organized and presented in three major sections. The first section delineates the respondents' orientation to help-seeking including their frequency and ease in seeking help, and preference for helping resources. The second section presents the nature of informal assistance provided by such resources as relatives, friends, and neighbors. Finally, the results of inquiries concerning the utilization of formal services for problem solving are presented in the third section.

Orientation Toward Help-Seeking

Exploration of the orientation toward help-seeking of the men in this study was based on the premise that there is a relationship between attitudes and behavior. However, due to the exploratory nature of this investigation, only preliminary attempts were made to determine the extent of the relationship for this sample.

The respondents were asked several questions designed to ascertain their comfort and ease in seeking help, frequency of help-seeking, ability to get help when needed, and preference for helping resources. A preliminary examination of these data revealed that 80 percent of the men reported a preference for solving their own problems, while only 20 percent reported a tendency to ask others for advice. However, when queried further as to their feelings about asking others for help when actually needed, the responses were almost evenly distributed, with 35 percent reporting that they did not mind asking others for help when needed, followed by 34 percent who mildly dislike, and 31 percent who strongly dislike asking others for needed assistance.

With regard to the subjects' frequency of asking for advice, 40 percent indicated that they almost never ask for advice, while 38 percent would ask sometimes, and 14 percent would frequently ask for advice. On the other hand, the majority felt that they were either very good (52%) or about average (35%) at persuading others to help them. In contrast, only 13 percent of the men rated themselves as being below average at acquiring aid from others.

Thus far, the data have revealed an inconsistent pattern between the attitudes of the men toward their ability to get help and their actual help-seeking behavior. Specifically, the majority of the respondents indicated that they preferred to solve their own problems even though they did not mind asking for help. Further, they reported that they were generally good at getting others to help them, although they infrequently asked for advice.

In an attempt to construct a social profile of the respondents based on their orientation toward help, an index was developed to differentiate those who revealed a tendency to be self-reliant from those who would seek assistance from others. A simple additive score for the frequency of responses to the previously mentioned questions was derived. Potential scores ranged from 0 to 1, with 0 representing those who were more likely to be self-reliant, and 1 indicating those who were more likely to ask others for help. Composite scores were then analyzed with reference to the respondents' age, education, marital status, employment status, and family income.

Slightly more than half (54%) of the subjects' scores revealed a tendency toward self-reliance or negative orientation to help. The mean response was 1.4, with a standard deviation of .95. As tested by the chi-square test of significance, social characteristics such as age (X^2 = 3.1, df = 3), education(X^2 = 1.0, df = 3), marital status (X^2 = 3.6, df = 3), employment status (X^2 = 31, df = 3), and family income (X^2 = 1.6, df = 1) did not appear to influence the respondents' orientation to help.

Classification of Help-Seekers and Non-Seekers. For the purposes of this study, help-seeking was defined as actions aimed at problem-solving through requesting advice and/or material assistance. In an effort to further explore help-seeking, the men were asked questions concerning to whom or where they would go for assistance when faced with a personal problem. The responses to one such question were used to design a help-seeker/non-seeker classification. The results of this effort follow.

As a follow-up to the question regarding the respondents' greatest life time problem, the men were asked what they did about the problem. Based on the nature of the responses to the problems disclosed, the respondents were classified as either a help-seeker or non-seeker. The help-seeker category included responses such as "sought professional help," "asked parents for aid or advice," and "filed for a divorce." Responses such as "just prayed," "accepted reality," and "tried to understand myself" were included in the non-seeker category. The results of this procedure revealed an even distribution of men being categorized (n=130) as help-seekers (50%) or non-seekers (50%).

The men classified as help-seekers (n=65) were further divided into formal or informal seekers based on the type of assistance sought. The majority of these men (79%) reported that they went to a formal source of assistance with their major life crisis. The most frequently mentioned action for the formal seekers was to find employment (41%), followed by seeking professional advice (33%), and returning to school (22%). The remaining respondents (4%) filed formal complaints. For the 21 percent of the men who indicated that they approached informal sources for assistance with their life crisis, the most frequently mentioned action was to seek advice from friends or relatives (71%).

The men classified as non-seekers (n=65) were subdivided into self-reliant and reluctant categories based on the type of behavior indicated by their response to the problem. More specifically, 77 percent of the men were considered to be self-reliant because their responses indicated that they felt they could handle the problem on their own. On the other hand, 23 percent were classified as reluctant because their responses revealed that they did nothing about the problem. It should be noted that no attempt was made to determine why the respondent did nothing about the problem. Table 5 presents the frequency distribution for the classification of respondents as help-seekers or non-seekers.

Demographic variables such as age ($X^2 = 1.6$, df = 1), education

(X^2 = 0.0, df = 1), marital status (X^2 = .10, df = 1), employment status (X^2 = 1.3, df = 1), and family income (X^2 = 1.4, df = 1) were not significant in distinguishing characteristics for help-seekers and non-seekers for this example.

TABLE 5

Classification of Respondents as Help-Seekers or Non-Seekers

Classification	f	%
Help-Seekers		
Formal seekers	51	39
Informal seekers	14	11
Non-Seekers		
Self-reliant	50	38
Reluctant	15	12
Total	130 [a]	100

[a] Missing values not included.

Preference for Helping Resources. In further exploring orientation to help, the men were asked, "If you had a serious emotional problem, such as being very depressed, very nervous, or very anxious, where would you go for help?" This question was designed to identify the type of helping resource preferred by the respondent for a specific kind of problem. The helping resources identified first were categorized based on the nature of the source, i.e. formal, informal, or self-reliant. As delineated in Table 6, 44 percent of the 137 men responding preferred an informal source of assistance, i.e. friends, wife, or family, when confronted with an emotional problem. Forty-two (42) percent were more inclined to use a formal source, i.e. hospital, doctor, psychiatrist, or community mental health center, while 14 percent continued to indicate a preference for self-reliance. These data clearly suggest that, when the Black males in this study were faced with a serious emotional problem, they are likely to seek aid from others. The type of helper preferred, however, could be either formal or informal in nature.

TABLE 6

Frequency Distribution of Where Respondents Would Go for Help with a Serious Emotional Problem

SOURCE OF HELP		f	%
Informal		61	44
Formal		57	42
Self-Reliant		19	14
	Total	137[a]	100

[a] Missing values not included.

As a method of determining whether or not the men in this study ever felt the need for help, they were asked if they ever felt the need to talk to someone but could not find anyone. Forty-seven (47) percent of the men who responded (n=138) indicated an affirmative response, while the remaining 53 percent indicated that they did not have this problem. Of those who felt as though they did not need someone to whom they could talk but could not find anyone (n=63), 70 percent felt this way just occasionally, 24 percent were often lacking someone to whom they could talk, and only six percent frequently felt the need to talk to someone, but could not find anyone.

In response to an open-ended inquiry as to who they "really opened up to the most over the past year," 16 of the men indicated that they had not opened up to anyone. However, of the 124 men who did, the most frequently mentioned persons could be dichotomized into two groups: 1) a family member (56%) and 2) a friend (40%). The remaining subjects (4%) reported other resources. When these groups were further examined it was found that of the respondents who reported a family member as their confidant a wife or mother was the most frequently mentioned person, while the respondent's girlfriend was mentioned most often among those who indicated a friend.

Utilization of Informal Sources of Assistance

Informal sources of assistance have been identified in the literature as the initial resource for many Blacks when faced with a problem; therefore, the respondents were asked about specific forms of assistance provided by selected informal helpers. This section presents the results of this investigation in four subsections:

Relatives, Friends, Neighbors, and Religion.

Relatives. To identify specific ways in which relatives are used as sources of assistance in problem solving, respondents were presented with a list of ways in which relatives sometimes help each other. This list consisted of instrumental and expressive forms of assistance and a combination of both. Expressive and the combination of instrumental and expressive forms of assistance were most frequently mentioned. Expressive types of help included:

- * Giving the respondent good advice on how to solve a problem;
- * Standing by the respondent when he was in trouble;
- * Helping the respondent out of a depressed period.

The instrumental-expressive types of assistance included:

- * Taking care of the respondent when he was sick;
- * Taking care of the respondent's children.

Two of the most frequent types of assistance requested by the respondents were for loans of money, and for good advice on how to deal with a problem. Assistance with job hunting was infrequently requested. Table 7 presents the frequency distribution of the responses to the eight items selected to determine the types of assistance provided by relatives.

(See following page.)

TABLE 7

Frequency Distribution of Instrumental, Expressive, and Instrumental-Expressive Forms of Assistance Provided by Respondents Relatives

TYPE OF ASSISTANCE	HOW OFTEN PROVIDED									
	Many Times		Once or Twice		Never		Not Applicable		Total [a]	
Instrumental	f	(%)	f	(%)	f	(%)	f	(%)	f	(%)
Loaning you a medium amount of money	46	(34)	37	(28)	37	(28)	14	(10)	134	(100)
Helping you look for a job	31	(23)	32	(23)	60	(44)	13	(10)	136	(100)
Providing you with a place to stay when you were out of work or having marital problems	26	(19)	27	(20)	56	(42)	26	(19)	135	(100)
Expressive										
Giving you good advice on how to deal with a problem	65	(48)	37	(27)	27	(20)	7	(5)	136	(100)
Standing by you when you were in trouble	58	(43)	34	(25)	23	(17)	20	(15)	135	(100)
Helping you out of a period of being depressed	47	(35)	37	(27)	39	(29)	13	(9)	136	(100)
Instrumental-Expressive										
Taking care of you when you were sick	59	(44)	30	(22)	37	(27)	9	(7)	135	(100)
Taking care of your children	43	(32)	14	(10)	23	(17)	55	(41)	135	(100)

[a] Missing values not included

With respect to instrumental forms of assistance, age, marital status, employment status, and family income were found to be significantly related to the type of assistance the men received from their relatives. More specifically, respondents who were less than 35-years-old, employed, and not married, i.e. never married, divorced, or widowed, were more likely than were others to receive monetary assistance from relatives. Men who were less than 35-years-old were more likely than were others to receive help from their relatives when looking for a job. The men in this study who were not married were more likely to stay with relatives when faced with certain problems, while those who were employed, with a family income above $8,000 annually, were less likely to stay with relatives. It should be noted that the strongest relationship for these data, as indicated by the Gamma coefficient (.55)m was between the age of the respondent and medium-sized financial loans from relatives.

An examination of the expressive forms of assistance provided by relatives with selected demographic characteristics showed that age and marital status appeared to be influential. Respondents who were less than 35-years-old and not married were more likely than were others to report that they frequently received good advice from relatives. Further, those less than 35-years-old were also more likely to indicate that relatives frequently stood by them when they were in trouble. However, there was no significant difference in the frequency with which the men reported receiving assistance from relatives when they were depressed. The strongest relationship between variables for expressive forms of assistance was between age and assistance when in trouble (G = .46).

The final category of assistance provided by relatives include items which display characteristics of both instrumental and expressive types of help. As with the expressive forms of assistance, only age and marital status were significant. Again, those men who were less than 35 years old and not married were more likely than were others to receive care from relatives when they were sick. There was no significant difference in the social characteristics of those who received help with child care from relatives and those who did not. The strongest association among variables involved age and assistance when sick (Gamma = .44).

Friends. Several indidivual items and a friendship network scale were used to determine the significance of friends as a source of help for the Black males in this study. When asked about the number of very close friends they had in the Washington, D.C. area, 83 percent of the respondents reported that they had at least two such friends. Eleven (11) percent reported only one very close friend, while the remaining 6 percent disclosed that they had no very close friends in the area. The majority of the sample (52%) reported that their friends lived within the city.

Respondents were then asked to respond to a series of questions selected to represent a variety of topics that are often discussed with friends. The responses to this twelve item inventory (Alpha = .75) were factor analyzed to determine the relative dimensionality of the items. Three interpretable factors resulted from this analysis which collectively accounted for 47.3 percent of the total variance. Table 8 presents the three factors including only the items that loaded on each factor. For discussion purposes, the factors were labeled as follows: Factor I -

National/Black Politics; Factor II - Personal Problems; and Factor III - Bureaucratic Processes.

TABLE 8

Factor Loadings Among Friendship Variables

VARIABLE	FACTOR LOADINGS		
	Factor I	Factor II	Factor III
National Affairs	.77	---	---
Talking about politics of the Black community	.66	---	---
Things that happen in Africa	.66	---	---
Discussing depression or anxiety	---	.57	---
Problems at work	---	.45	---
Problems with wife or lover	---	.39	---
How to deal with government offices	---	---	.65
Talking about legal difficulties	---	---	.53
Jobs that are available	---	---	.45
Percent of Variance	28.1	10.3	8.9
Cumulative Percent of Variance	28.1	38.4	47.3

Correlations of the friendship factors with the unidimensional measure of proximity (where most respondents' friends live) resulted in very low or no correlation coefficients for all three factors (-.08, .09, .00, respectively).

Neighbors. As neighbors may sometime serve as sources of help, the men were asked several questions concerning their neighbors with a specific focus on the provision of help. First, the men were asked how many of their neighbors they considered to be close friends. Fifty-eight

(58) percent of those who responded (n=139) reported that they considered several or many of their neighbors as close friends. However, 42 percent reported that they did not consider any of their neighbors as close friends.

The respondents were then asked about the extent to which they ask neighbors to watch their homes and to collect mail or newspapers when they are away from home. Nearly one-half (49%) of the men (n=140) indicated that they never ask neighbors for this type of assistance, while 32 percent indicated that they ask a few times and 19 percent ask quite often. Comparable percentages were reported when the respondents were asked if neighbors requested the same type of help, i.e., 43 percent of the men were never asked by neighbors, 37 percent were asked a few times, and 20 percent were quite often asked by their neighbors to provide this type of assistance.

A four-item index was constructed to determine the extent of the respondents' use of neighbors as a source of help. The index items asked whether or not neighbors had helped respondents in the following manner: (1) help to paint, (2) lending things, (3) starting or pushing a car, and (4) caring for children. Possible scores ranged from 0 to 4. Those respondents who did not receive any help from their neighbors were given a score of 0, while those who did were given scores ranging from 1 to 4. Results indicated that the majority of the sample (74%) received help from their neighbors regarding more than one type of assistance listed. The mean response was 1.7 with a standard deviation of 1.3. It should be noted that 68 percent of the sample reported receiving no child care assistance from their neighbors. The high negative response rate to this item may have been due to the inclusion of those men with no children present in their households. The results of the chi-square analysis revealed no significant relationships between the respondents' receiving help from a neighbor and their age ($X^2 = 1.2$, df = 4), education ($X^2 = .6$, df = 4), marital status ($X^2 = 1.7$, df = 4), employment status ($X^2 = 1.5$, df = 4), or family income ($X^2 = 1.4$, df = 4).

Religion. Inquiry regarding religious preference indicated that 64 percent of the men responding (n=141) were Protestant, 20 percent were Catholic, and 16 percent had no religious preference. Of the Protestant group (n=91), the majority (60%) were Baptist, while the remaining denominations included Methodist and Holiness. Among those who reported frequency of church attendance (n=135), 14 percent reported that they never attended church, 24 percent seldom attended, 19 percent attended several times a year, 20 percent attended at least once a month, and 23 percent attended at least once a week.

When asked to what extent the respondents considered themselves to be religious, 8 percent of the men reported that they were not religious, 14 percent reported being less than average, 36 percent considered themselves average, and 42 percent reported being above average. In order to further explore religiosity as it relates to Black males, the men were asked to respond to an eight-item inventory of religious behavior (Alpha = .82). The items were selected from a multifactored scale developed by Kenney, Cromwell, and Vaughan (1977). Factor analysis of the responses to the inventory resulted in two factors which have been labelled as follows:

I. Factor I - Active Religious Behavior
II. Factor II - Passive Religious Behavior

The two factors accounted for 59.5 percent of the total variance. Factor loadings are presented in Table 9.

Correlational analysis of the religiosity factors with the unidimensional measure of frequency of church attended resulted in a modest correlation (.45, $p < .001$) between the first factor (i.e., active religious behavior), and a lower correlation (.20, $p < .001$) with the second factor (i.e., passive religious behavior). Similarly, a modest correlation (.30, $p < .001$) was found between factor one and the unidimensional measure of religious orientation, and a lower correlation (.16, $p < .01$) was found between factor two and religious orientation.

In an effort to determine how the men in this sample used religion in their problem-solving endeavors, several questions were asked concerning their contact with religious representatives when confronted with problems. When asked if, within the past year, they had gone to a minister, priest, or elder for guidance when faced with a problem, 78 percent of those who responded (n=139) said that they had not, while 22 percent had. Respondents who started that they had not sought assistance from a clergyman in the past year (n=108) were then asked, "Has a minister or priest ever helped you or advised you on anything at all?" Forty-two (42) percent of these respondents replied that they had, at some time prior to the past year, been the recipients of help or advice from a minister or priest.

When data concerning where the respondents would go for help with a serious emotional problem were examined in greater detail, they revealed that eight (8) percent of the men who responded (n=137) mentioned clergymen

TABLE 12

Factor Loadings Among Religiosity Variables

Religiosity Variable	Factor Loadings	
	Factor I	Factor II
Contribute money to church	.66	---
Pray with family	.60	---
Apart from church services, attend other church activities	.59	---
Attend religious crusades or revival meetings	.54	---
Say grace at mealtimes	.56	---
Pray alone by yourself	.52	---
Listen to religious services over radio or television	---	.84
Listen to religious music	---	.83
Percent of Variance	45.1	14.7
Cumulative Percent of Variance	45.1	59.8

as persons to whom they would turn. This category ranked sixth in terms of frequencies out of a total of 10 response categories developed as a result of this open-ended question.

As another means of ascertaining the significance of religion as a helping resource, the respondents were asked to indicate the degree of their agreement, disagreement, or uncertainty with the following statement.

> The ideas I have learned from religion sometimes help me with my own life.

Eighty-seven (87) percent of the respondents agreed with this statement, followed by 7 percent who disagreed and 6 percent who were somewhat uncertain.

Utilization of Formal Sources of Assistance

Numerous human service agencies and organizations have been designed to maintain or enhance the well-being of those to whom services are rendered. Recognizing that there are some problems, e.g., medical, financial, or emotional, which precipitate the use of human service agencies, the men in this study were queried as to their use of and satisfaction with selected agencies. Additionally, the use of health care professionals, military benefits, and legal aid was explored.

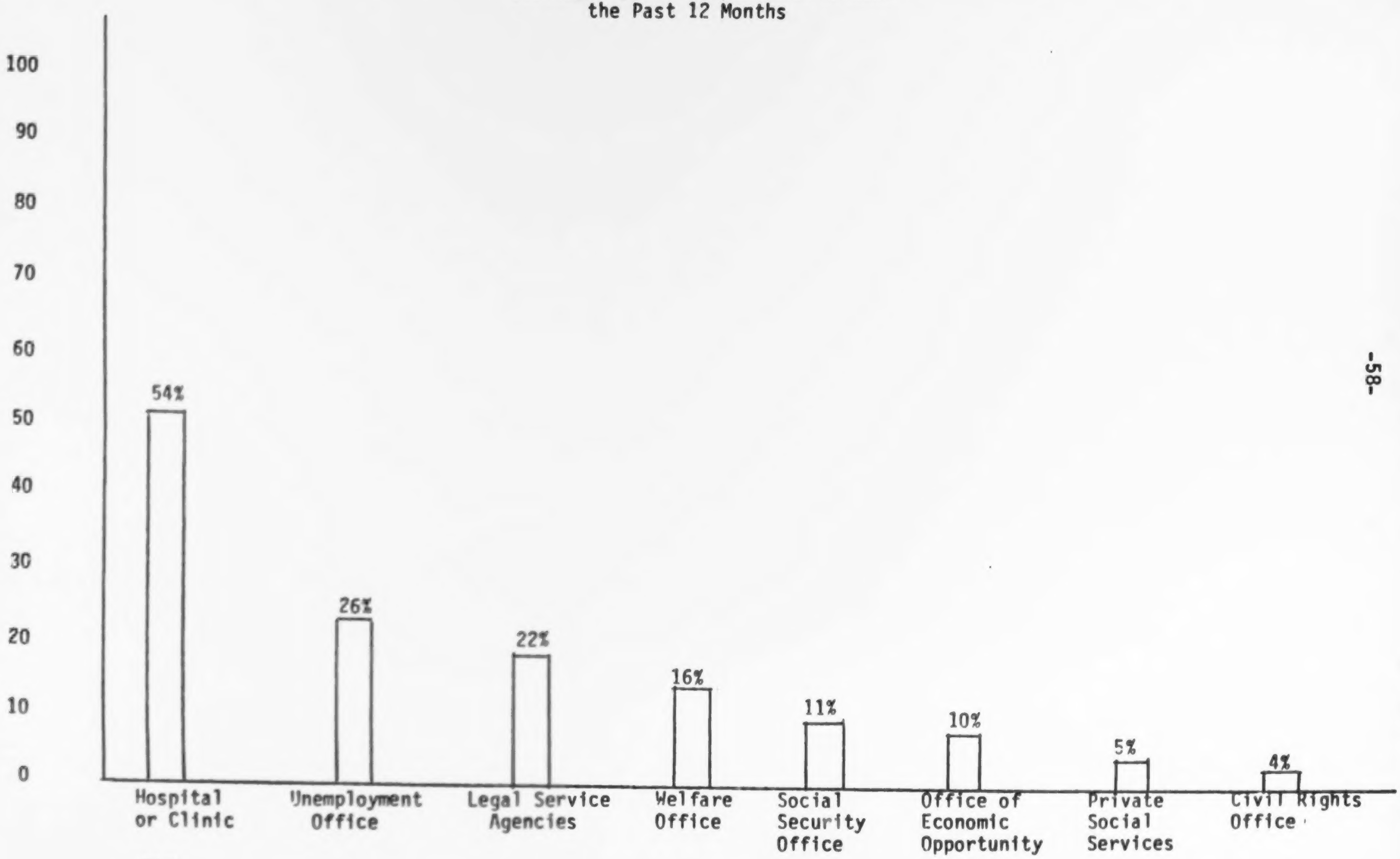
First, the men were asked if, over the last year, they had been to a variety of formal service agencies for treatment including local hospitals or clinics, Social Security offices, the Office of Economic Opportunity, civil rights organizations, legal service agencies; private social service agencies, welfare offices, an unemployment office, or any other kind of social service agency. Many of the respondents had not been to most of the agencies listed. However, 54 percent of the sample reported that they had been to a hospital or clinic for treatment within the last year. Figure 1 presents the frequency distribution of the types of selected agencies utilized by the respondents within the 12 months prior to the interview. Since few of the men used agencies other than a hospital or clinic, those analyses are not reported here.

Of the 77 men who had been to a hospital or clinic within the past year, 89 percent said that they trusted the hospital or clinic personnel. Eighty-eight (88) percent of these men also felt that overall the hospital or clinic personnel seemed knowledgeable about what they were doing, and 95 percent found them to be helpful. Finally, 92 percent of these men felt that the hospital or clinic personnel showed them proper respect.

Further analyses of data for the men who had been to a hospital or clinic revealed that those under 35 years of age were more likely than were others not to have been to a hospital or clinic within the past year ($X^2 = 5.3$, df = 1, p .02). Other demographic characteristics such as education ($X^2 = 0.0$, df = 1), marital status ($X^2 = 0.0$, df = 1), employment status ($X^2 = 0.1$, df = 1), and family income ($X^2 = 0.2$, df = 1) were not significant.

FIGURE 1

Frequency Distribution of Types of Selected Service Agencies Utilized by the Respondents Within the Past 12 Months



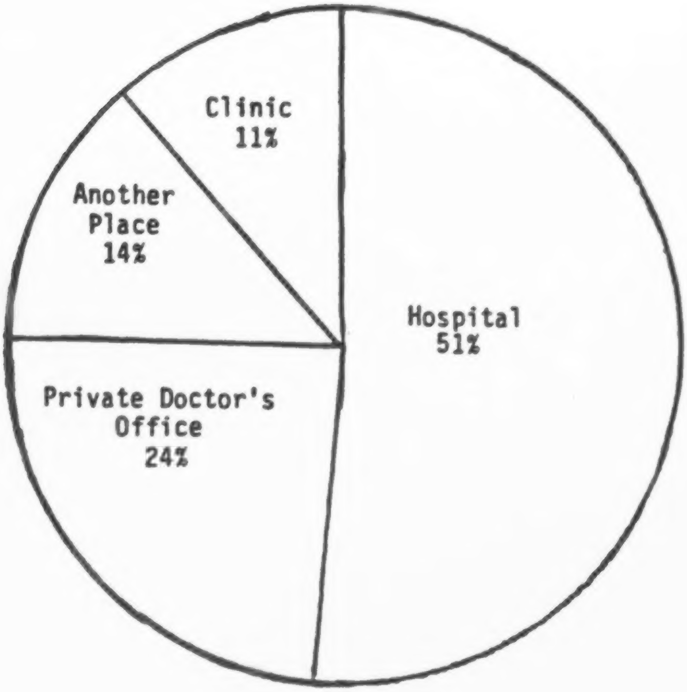
Use of Physical Health Professionals. To further the frequency with which the men in this sample utilized formal services for help with specific problems, they were asked, "When you are sick, is there one specific doctor you call?" The majority (70%) of the respondents (n=139) reported that they did not call a specific doctor when they are ill. Further, 68 percent indicated that they would have to be "real sick" before they would go to see a doctor, while only 32 percent would go as soon as they thought something was wrong. Forty-five (45) percent of the men felt, on occasion, that they should have gone to see a doctor sooner, with 18 percent feeling this way quite a few times, and 37 percent of the men never feeling this way.

When asked had they ever been to a doctor and nothing was really wrong, 55 percent of the men responded negatively, 36 percent indicated once or twice, while the remaining 9 percent said that they had been to a doctor quite a few times for something that proved to be nothing at all. Finally, with regard to their physical health, the men were asked where they would go first if they started to feel real sick. The majority, 51 percent, indicated that they would go to a hospital, followed in order by a private doctor's office (24%), another place (14%), or a clinic (11%). Figure 2 diagrams the frequency distribution for the types of resources reported by the respondents to this question.

Use of Mental Health Professionals. Focusing on the provision of help from formal sources for emotional problems, the men were asked if they had ever consulted a professional such as a doctor, psychiatrist, or psychologist in connection with a nervous or emotional problem. Eighty-three (83) percent of those who responded (n=134) had not.

Figure 2

Frequency Distribution of Where Respondents Would Go When Real Sick



Considering a stressful life event such as problems with the opposite sex, the men were then asked to whom they would turn for assistance. Thirty-one (31) of the men who responded (n=128) said that they had been faced with such a problem, and a friend was mentioned most frequently as the type of helper utilized. None of the men indicated that they would consult any type of mental health professional. However, when asked to whom they would refer a friend or relative with serious marital difficulties if they could not provide help themselves, the majority (45%) of the men would suggest a marriage counselor, followed by 37 percent who would recommend a member of the clergy. Table 10 provides a frequency distribution of other possible referrals reported by the subjects.

In reference to another type of stress-related problem, the men were asked about their response to problems which may occur as a result of their employment. Twenty-seven (27) of the men reported that they had experienced work-related problems. Their responses revealed that 16 of these men would confide in a clergyman, five would consult a family member, and three each would discuss the problem with a supervisor or manager. Again, a mental health professional was not mentioned as an option.

Attitudes Toward Community Mental Health Centers. Since community mental health centers have been established to assist in the prevention and treatment of mental illness in a community environment, the men were asked to respond to several behavioral statements designed to ascertain their attitudes toward using community mental health centers. Using the Likert format, respondents were asked to "put yourself in the place of the person being described," and then to indicate their approval, disapproval, or indecision about the behavior. The selected behavioral statements were as follows:

Statement I : When Sherman feels he can't make it, he goes to the Community Mental Health Center.

Statement II : Curtis Williams would not take his son to the Community Mental Health Center across the street, even though his son is behaving strangely.

TABLE 13

Frequency Distribution of Type of Helper to Whom Respondents Would Refer A Friend or Relative Experiencing Marital Difficulties

	SUBJECTS RESPONSES							
	Yes		No		N/A		Total[a]	
TYPE OF HELPER	f	%	f	%	f	%	f	%
Marriage Counselor	57	(45)	51	(39)	20	(16)	128	(100)
Clergyman	47	(37)	61	(47)	20	(16)	128	(100)
Psychiatrist	10	(8)	98	(76)	20	(16)	128	(100)
Friend	9	(7)	99	(77)	20	(16)	128	(100)
Other	5	(4)	102	(80)	20	(16)	127	(100)

[a] Missing values not included.

Statement III: Sherman Smith would rather talk to his church pastor about his problem than to the Community Mental Health Center.

Table 13 lists the frequency distribution of the responses to these statements.

As indicated in Table 11, the majority (50%) of those who responded (n=141) to Statement I approved of Sherman going to the community mental health center when he feels that he can't make it, while only 24 percent disapproved, and 37 percent were undecided about this behavior. On the other hand, 68 percent reported that they disapproved of Curtis Williams not taking his son to the community mental health center even though his son is exhibiting strange behavior, with only 9 percent who approved and 33 percent undecided. An analysis of the third statement, which presented an alternative source of assistance for a problem, revealed that 54 percent of the respondents approved of Sherman Smith talking to his church pastor about his problem rather than going to a community mental health center, while 19 percent disapproved and 27 percent were undecided about this behavior.

An index of the men's attitude toward using community mental health centers was constructed based on the responses to the selected behavioral statements. The direction of the negatively worded items was reversed in order to assign appropriate scores for responses which were indicative of positive attitudes toward using community mental health centers. Scores ranged from -3 to +3, with -3 representing extremely negative attitudes, +3 extremely positive attitudes, and 0 indicating ambiguity in response patterns. The results showed that 27 percent of the response patterns

TABLE 14

Distribution of Responses to Selected Behavioral Statements Representing Attitudes Toward Using Community Mental Health Centers

	RESPONSES							
	Approge		Disapprove		Not Sure		Total [a]	
BEHAVIORAL STATEMENTS	f	%	f	%	f	%	f	%
I. When Sherman feels he can't make it, he goes to the community mental health center.	71	(50)	33	(24)	37	(26)	141	(100)
II. Curtis Williams would not take his son to the community mental health center across the street, even though his son is behaving strangely.	12	(9)	96	(68)	33	(23)	141	(100)
III. Sherman Smith would rather talk to his church pastor about his problem than go to the community mental health center.	76	(54)	27	(19)	38	(27)	141	(100)

[a] Missing values not included

revealed a negative attitude toward using community mental health centers, while 17 percent were somewhat ambiguous. However, the largest portion of the sample (56%) revealed a positive attitude toward using community mental health centers as a resource in problem-solving. The sample's mean response to this index was 0.51 with a standard deviation of 1.41.

An attempt was made to isolate factors which could identify the respondents who were more likely to exhibit positive attitudes toward using community mental health centers. When collapsed into two categories, the results of the chi-square test revealed that age (X^2 = 2.4, df = 2), education (X^2 = 2.0, df = 2), marital status (X^2 = 1.1, df = 2), employment status (X^2 = 1.4, df = 2), and family income (X^2 = 1.8, df = 2) did not appear to be distinguishing factors.

Use of Military Benefits. Fifty (50) of the men in the sample (35%) reported having served in the military, while 75 (53%) reported that they had not; no data were reported for the remaining (11%). Of the 50 men who served, 32 were in the Army, 7 were in the Air Force, 5 were in the Navy and Marines, respectively, and 1 was in the Coast Guard. Data were collected on the discharge status of 48 of these men. Of this group, only 1 received a dishonorable discharge, while 46 received honorable discharges, and 1 received an administrative discharge.

In recognition of the fact that veterans' benefits can serve as valuable resources, the men who were eligible for these benefits were asked a series of questions regarding their use of the same. Most of the men (81%) took advantage of the educational benefits available through the government. However, only 20 percent of the men used their home mortgage privilege. Further, 39 percent of the veterans actually reported the use of medical benefits, while only 25 percent took advantage of the dental services available to them.

Use of Legal Assistance. Most of the men (n=134) reported that they had, at sometime or another, needed the services of a good lawyer. Sixty-three (63) percent agreed that it was very hard to find a good lawyer. Fifty-eight (58) percent indicated that they personally knew a good lawyer. When asked if they had ever been arrested for anything other than a traffic violation, 67 percent of the respondents (n=136) said no.

Summary

An assessment of the responses to the series of questions on orientation toward help-seeking seems to indicate that, although many of the men in this sample revealed a negative orientation to seeking help from others, they indicated positive attitudes toward using community mental health centers. Moreover, their reported behavior patterns suggest that they would indeed seek help from either informal or formal sources when needed.

A classification of the subjects as either a help-seeker or non-seeker revealed an even distribution of the men. Of those who were considered help-seekers, the majority utilized a formal source for assistance with their major life crisis. There was a tendency to categorize most of the non-seekers as being self-reliant rather than reluctant to engage in problem-solving activities. When specifically asked about their preference for help with a hypothetical emotional problem, the preference for either an informal (44%) or formal (42%) resource was almost evenly divided among the sample. The remaining 14 percent continued to indicate a preference for self-reliance. Further, 56 percent of the respondents showed a positive attitude toward using community mental health centers as a resource in problem solving.

Regarding the actual use of informal sources of assistance, it was found that relatives were very important in providing various instrumental and expressive forms of assistance. Demographic variables such as age, marital and employment status, and family income were found to be significantly related to the types of instrumental assistance provided by relatives. With regard to the expressive and instrumental-expressive forms of assistance, only age and marital status appeared to be influential.

Friends and neighbors were also found to be valuable resources for problem-solving. The type of assistance provided by these helpers involved such actions as talking about problems with friends and requesting assistance from neighbors when experiencing car trouble, traveling and borrowing items. Religion as a source of help was explored as well. Responses to the questions concerning religion indicated that clergymen were used by a small portion of the men in their help-seeking efforts.

The results of the questions concerned with use of formal services showed that the majority (54%) of the men had been to a hospital or clinic with a physical problem. On the other hand, formal services such as welfare, and use of military benefits and mental health professionals had not been utilized by many of the men in this sample.

CHAPTER IV

Discussion

This Chapter presents a discussion of the problems reported by the men in this study as well as help-seeking patterns. The discussion includes comparisons of the major findings of this study with those of other studies. Special attention has been given to the implications of this study regarding orientation to and preferences for help-seeking, and to the utilization of informal and formal sources of help.

Problems Faced by Black Men

The discussion which follows addresses the respondents' perceptions of problems faced by Black men in general and their own biggest lifetime problem. Additionally, attention has been given to physical and mental health problems and concerns in view of their significance for the overall quality of life.

An examination of the ranked frequency distributions of the sample's responses to the questions about "the most serious problems and difficulties that Black men have to deal with," and their own biggest lifetime problem revealed that the most and the least frequent responses were similar for both questions. Specifically, as a group, the men most often reported economic or employment problems as the most serious problem of Black men in general as well as their own biggest lifetime problem. Interpersonal problems were reported least often for themselves and for Black men in general. On the other hand, the distributions were dissimilar in that social, educational, or political problems were the second most frequent type of problems perceived for Black men in general; however, for the respondents personally, the second most frequent responses were problems of a personal nature.

When compared with the 1970 census data for the District of Columbia, the men in this study were, on the whole, more educated and had generally higher average incomes than did Blacks living in the District. The sample in this study also tended to see their educational and employment gains as insufficient for the problems they faced. These findings and the perceived need by many of the men in this study for additional training and/or education to enhance their employment opportunities support Hill's (1972) observation that Black families have strong orientation toward work and educational achievement.

When the first, second, and third "most serious problems of Black men" were considered by the type of problem, Type III (economic and employment) and Type IV (social, educational, or political) consistently accounted for from 63 to 75 percent of the responses. On the other hand, Types I and II (personal and interpersonal) accounted for 63 to 75 percent of the responses.

Giving consideration to the nature of the two kinds of distributions produced by the self-reported data on problems, further analysis showed that employment status, marital status, and family income were significant variables. The distributions for Black men's problems in general, when considered according to their employment status, differed beyond the .01 level ($p = .005$). Distributions produced by the second most frequent responses differed significantly by marital status ($p = .02$). In addition, when their own first biggest lifetime problems were analyzed by marital status and family income, both emerged as significantly different at the .02 level.

Although personal and interpersonal problems (Types I and II) were the least mentioned types of problems, it should not be assumed that they were not important for the men in this study. For example, three times as many men reported interpersonal problems for themselves as for Black men in general. This difference was probably due to greater familiarity with their own situation than that of others. Further, since the race of respondents and interviewers were the same, disclosure of information about interpersonal relationships was probably less problematic than in cases where race dissimilarity exists (Davis, 1979).

Responses to other questions regarding the day-to-day concerns and problems of the men in this study allowed for additional problem specification. For example, questions about the physical health of the men provided additional information about Type I (personal) problems. In this regard, a comparison of data on hospitalization of the men in this study with data from the National Center for Health Statistics, Hanes I (NCHS) revealed that the men in this study had a higher rate of hospitalization than other groups. More specifically, the sample for this study reported hospitalization during the past year at a rate of about 154.9 per 1,000, compared to NCHS rates for Blacks in general and for whites of 103 per 1,000, and 106 per 1,000, respectively (U.S. Department of Health, Education and Welfare, 1979). Only for the NCHS age group 17 to 44 years does the hospitalization rate, 136 per 1,000, approach the rate for the men in this study.

The preponderance of men who were 25 to 44 years of age may account for the higher rate of hospitalization calculated for this sample.

The 22 respondents in this study who had been hospitalized (15%) reported an average of six days for each person. On the other hand, the overall 1977 rate for male inpatients, excluding newborns, was 7.8 days (U.S. Department of Health, Education and Welfare, 1977). The difference between the slightly lower average number of days hospitalized for the Black males in this study and the general population may reflect differences in health status or differential access to facilities due to economic factors (e.g., use of or eligibility for the various third party payment options). In regard to these possible explanations, the data are inconclusive and warrant further study.

More than a quarter of the men reported chronic health problems of which hypertension and diabetes were the two most frequently mentioned. It should be noted that during the period of 1971-1972, Black males had the highest prevalence of significantly high blood pressure among all Black and white adults in the United States between the ages of 18 and 44 years. For the same period, and among all adults in the United States between the ages of 45 and 74 years, Black females had the highest prevalence of significantly high blood pressure; Black males in this age category had the second highest prevalence (U.S. Department of Commerce, 1977).

The significance of hypertension and diabetes as the most frequently found chronic health problems among the Black males in this study becomes more apparent when viewed in the context of mortality. For example, hypertension is frequently associated with cerebrovascular disease (stroke) which was the third leading cause of death in the District of Columbia in 1970 and 1976. Moreover, for the years 1970 through 1976, mortality due to cerebrovascular disease in the District increased by 7 percent. for Black males, while it decreased 24 percent for Black females (D.C. Department of Human Resources, 1979). In addition, diabetes was the tenth leading cause of death in the District of Columbia in 1986, and Black males and females had higher crude death rates due to this illness than did whites (D.C. Department of Human Resources, 1979).

Oral or dental health may often be neglected as an important aspect of physical health. For example, national data for the period 1971-1974 indicated that an average of 67 percent of the total U.S. population between the ages of 18 to 74 years were in need of dental care (U.S. Department of Health, Education and Welfare, 1978). Approximately half of the Black males in this study stated that they were in need of dental care. However, the actual percentage in need of dental care was probably higher than this, as another 35 percent of the sample did not know whether or not they needed such care. This notwithstanding, it is clear that a significant number of men in this study, as has been documented for the nation as a whole, were in need of dental care. Concern regarding the dental health of Black males may also be based on the finding of this study which showed that the majority of the respondents did not report having a regular dentist.

Measures used for exploring the mental health status of the respondents generally suggest that the majority of the men were in good mental health. For example, more than three-quarters of the sample assessed themselves as being happy at the time this research project was undertaken. Furthermore, 70 percent reported that they had never felt close to a nervous breakdown. However, the 28 percent who reported that they had felt close to a nervous breakdown appears to be much higher than is the percentage which has been found nationally. For example, during the period 1971-1975 and for all males 25 to 74-years-old, 8.4 percent reported that they felt as though they were near a nervous breakdown; however, the percentage for all females in this age group for the same period was 17.2 percent (U.S. Department of Commerce, 1977).

Analysis of the scores on the Center for Epidemiologic Studies Depression (CES-D) suggests that the majority (68%) of the respondents did not manifest symptoms of depression. The percentage (30%) of respondents who scored in the range of depressive symptomatology, 16 or above, was somewhat greater than that which has been found in other studies, e.g., Comstock and Helsing (1976).

The mean score for the sample on the CES-D was compared with the 1974-75 data which were compiled by NCHS. The mean CES-D score for males in HANES-I was 7.1 and the standard deviation was 7.2. On the other hand, for Blacks overall, the average score was 11.1 with a standard deviation of 8.7. The present sample averaged 12.15 with a standard deviation of 8.44. One possible explanation for this discrepancy is that HANES-I included Black females. Caution should be taken with regard to the use and results of the scale. These cautions include the following: the scale is not a clinical diagnostic tool; it should not be interpreted as a measure of rates of illness; appropriate cutoff scores for clinical purposes have yet to be validated; the understanding of the items in the scale may be problematic; and there remains the question of the effect of the interviewer, as well as the form of interview, on scores. At best, it appears that the CES-D scale may be used to identify "at risk" groups (Radloff, 1977).

In addition to the findings concerning the mental health status of the men in this study, the use of alcohol was also explored. In this regard, the psychological implications, as well as the economics, of the use of alcohol among Blacks have received increasing attention from social scientists (Bourne, 1973; Davis, 1974; Dawkins, 1976; Gary, 1978; Harper, 1976; Robins, 1968). In this study, 82 percent of the men reported never having a drinking problem while 16.5 percent had experienced this problem at some time in the past. As national data on the incidence of alcoholism is limited, caution should be exerted in interpreting this finding.

Help-Seeking Patterns

The results reported in the orientation toward help-seeking section of Chapter III suggest inconsistent patterns between the men's attitudes toward seeking help and their reported help-seeking behavior. Specifically, the majority of the men indicated that they preferred to solve their own problems even though they did not mind asking for help. Moreover, the majority of the men reported that they sometimes or frequently ask for advice.

These findings tend to be consistent with much of the attitude-behavior literature prevalent prior to the 1970's which argues that there is very little relationship between attitudes and behaviors(LaPiere, 1934;

Kutner, Wilkins, and Yarrow, 1952; Linn, 1965). However, more recent literature tends to suggest that a reciprocal relationship exists, i.e., attitudes influence behaviors and vice versa; therefore, changes in either would result in changes in the other (McGuire, 1976; Brannon, 1976).

The complexities involved in suggesting a relationship between broad attitudes and situation specific behaviors are numerous. As Triandis (1971) observes:

> ...behavior is a function of (a) attitudes, (b) norms, (c) habits, and (d) expectancies about reinforcement. When all four factors are consistent, there is consistency between attitudes and behavior; when the four factors are inconsistent, there is much less consistency. (p.16)

The exploratory nature of this study does not lend itself to definitive conclusion, but rather to suggestions for further research. With this in mind, it is important to note that the respondents would indeed seek help when faced with specific problems, even though they considered themselves to be self-reliant.

Although the men in this study were evenly divided when classified as either a help-seeker or non-seeker, efforts to determine distinguishable demographic characteristics were statistically negligible. Considering previous studies which have identified age and race as important factors in differentiating help-seekers from non-seekers, this finding was not surprising. Researchers such as Brown (1978) and Gurin, et al. (1960) found that a sharp decline in help-seeking behavior occurs as a person ages. This was particularly true with regard to informal contacts. Given that only 8 percent of the males in this sample were aged 55 or older, age did not emerge as a significant determinant. Since all of the subjects in this study were Black, race was not a relevant variable.

Further analysis of these data indicates that the majority of the help-seekers were inclined to seek assistance from formal rather than informal resources. This result is inconsistent with other studies regarding the utilization of informal support systems by Blacks (Stack, 1974; McAdoo, 1977). However, the criteria for classification used in this study were determined by grouping specific reported behaviors that were similar for the respondents when confronted with a major life crisis rather than daily concerns. In light of this, the findings are similar to those in the Gurin, et al. (1960), Kadushin (1969), and Warren (1976) studies which found that formal helpers were more significant than were informal helpers when subjects were experiencing major problems. Consequently, the data in this study highlight the importance of the need for the availability of both formal as well as informal sources of help for Black males who seek assistance with problems of varying magnitudes.

Nearly all of the men who were classified as non-seekers were considered to be self-reliant as opposed to being reluctant to seek help. They felt that they could solve their own problems without the assistance of others. The reasons for this posture were not explored; however, Brown (1978) found that the self-reliant respondents in his study had strong informal contacts; few reservations about discussing their problems with others; and the ability to seek assistance if needed. Since the majority of the men in the present study considered themselves to be generally good at getting others to help them if needed, perhaps believing that they could get help when needed made them inclined to try to solve their own problems first.

Since the nature of the problem used in classifying the men was of crisis proportions, the results of this effort help to substantiate several of David Landy's (1960) hypotheses concerning factors associated with the decision to seek help in this society. These include the person's recognition of a problem that requires help; perception of his ability to solve or cope with a particular problem; and willingness to surrender some autonomy in exchange for help from others.

Preference for helpers, like the decision to seek help, is dependent on a number of factors. However, relevant literature presents inconclusive data as to when formal or informal sources of assistance are preferred (Stack, 1974; Warren, 1976; Horowitz, 1978; McAdoo, 1977). Nonetheless, many social scientists agree that the majority of persons seeking help in this society turn first to informal helpers. Subsequently, the fact that many of the men in this study indicated a preference for an informal source of help if they had a serious emotional problem is not surprising. The data also revealed an almost equal number of men who stated a preference for formal helpers if they had such a problem. This suggests that, although the majority of the Black men in this study would indeed seek help with a serious emotional problem, there are no clear distinctions regarding their preference as a group for the type of helper for a serious problem.

The hypothetical nature of the "serious problem" question, and the value laden connotations that the term "emotional problem" usually elicits could have influenced the way the subjects responded; therefore, the results of a more direct question concerning the person with whom the respondent really communicated may be more revealing. In this situation, the actual behavior of the men showed a clear preference for an informal helper. This finding is supported by the body of literature which focuses on the informal social relations of urban Black adults (Bell and Boat., 1957, Stack, 1974; McAdoo, 1977). These studies tend to emphasize the significant role that informal social networks play in the survival of Black Americans.

The family has been identified by numerous researchers as a primary informal source of aid for most Americans. Further, kinship ties among Blacks have been found to be stronger than those of whites. Lee (1980), in his review of kinship research and theory in the 1970s, offers two hypotheses regarding why Blacks have stronger kinship ties than whites do. The first suggests that Blacks collectively share resources in an effort to survive economically. This hypothesis emphasizes the socioeconomic status of Blacks as a major variable. That is, lower income Blacks are generally viewed as more involved in kinship interactions than are higher income Blacks. Lee's second hypothesis is not related to class, but rather the influence of culture on kinship and consanguinous relations among Blacks of varying socioeconomic positions.

The results concerning relatives as a source of help for the men in this study tend to reject the social class hypothesis of kinship interactions, particularly when expressive and instrumental-expressive forms of assistance are considered. These data indicate that help from relatives was sought by most of the Black males in this sample, regardless of their socioeconomic status. This finding supports those of previous investigators such as Aschenbrenner (1973), Hays and Mindel (1973), and McAdoo (1977). However, more research on cultural influences in the help-seeking process among Blacks in general, and Black males in particular, is necessary before definitive conclusions may be made in this regard.

In addition to class variables, several other demographic characteristics have been associated with help-seeking behavior. Sex, age, and marital status of the help-seeker have also been identified as having significant influences on the utilization of relatives as a resource in array of difficulties. It is generally accepted that the most important kin relationships are between females; kin contact may decrease with age; and widowed men are more likely than are other men or married women to live with kin (Lee, 1980). These generalizations are based on the findings of a number of studies which oftentimes fail to recognize the variety of ways in which families, particularly Black families, are called upon for assistance. Even though the regularity of contact and the provision of aid may be limited due to factors such as geographic location, and economic instability, the nature of help-seeking as well as help-giving must be examined from an inclusive perspective. This becomes even more crucial when examining the help-seeking behavior of Black males. For this reason, several ways in which relatives sometimes help each other were classified using Billingsley's (1968) family functioning framework. This classification resulted in three forms of assistance provided by relatives: instrumental, expressive, and instrumental-expressive.

When these parameters were used, age and marital status consistently emerged as significant factors for all categories of assistance provided by relatives. Sex as a variable was not applicable to this all-male sample. Further, employment status and family income were also significantly related to instrumental forms of assistance. Moreover, it was found that in general the men in this study who were less than 35 years of age and were single. revealed a tendency to rely more on relatives than did those who were older or married. This finding supports the assumption that there is an inverse relationship between age and kin interaction (Gibson, 1972); although the relationship between marital status and kin interaction is not clear.

Since most of the literature focuses on the differences between the kinship interactions of men and women who are widowed when marital status is considered, and this sample lacked a representative number of widowed men, the study finding regarding single males is not comparable. However, considering the rates of national unemployment and underemployment for young Black males, it is not surprising that the younger, single male is more dependent upon relatives for help than are other groups. Other demographic characteristics analyzed were not distinguishable as determinants of whether or not Black males would seek help from relatives for either instrumental, expressive, or instrumental-expressive forms of assistance.

Another informal helper that is recognized as a resource in problem-solving for Blacks is a person's friends. Like relatives, the help-seeker usually considers friends from whom they seek aid to be people who are liked and trusted. An overwhelming number of the men in this sample revealed that they had at least two very close friends, with the majority of these friends living in close proximity to the respondent. Their responses regarding topics that are often discussed among friends revealed three dimensions of friendship. The first was labeled National Black Politics and focused on discussions around Black nationalism and world affairs. The second was labeled Personal Problems and encompassed discussions about both personal and interpersonal problems. The third was labeled Bureaucratic Processes and concentrates on discussions around systemic problems such as job hunting or legal difficulties.

The fact that discussions concerning national affairs and Black politics emerged as the first factor for the friendship variables suggests that these men were more likely to turn to friends for more general discussions concerning the survival of Blacks rather than for discussions of their specific problems. This result is illustrative of Adams' (1967) assertion that the function of friends is to provide consensus in values, attitudes, and shared social activities, while the responsibilities of relatives include positive concern, mutual help, and contact obligations. Not to be ignored, however, is the emergence of dimensions on friendship factors which do include discussions of personal as well as systemic problems.

The data in this study revealed literally no correlations between where the respondents' friends lived and the nature of their discussion with friends. This finding suggests that distance is not necessarily a major indicator of how friends are utilized by Black males. It was expected that those men who indicated that their friends lived within the city would show a correlation with discussing personal problems with friends. Consequently, the quality of the relationship may be a better predictor of the type of friendship interactions than is geographic.

Although all members of informal social networks generally give advice to help-seekers, some investigators propose that friends are more likely than relatives are to refer persons to professionals for assistance (Horwitz, 1978). For the men in this study, the percentage who said that they would refer friends experiencing marital difficulties to marital counselors was very large. However, the men themselves did not usually go to professionals for assistance with their own problems.

Neighbors as a helper in informal social networks for the men in this sample did not appear to be as significant as were relatives of friends. Litwak and Szelenyi (1969) assert that the function of kin is to provide long-term aid and commitments, while friends are expected to stimulate affective relationships, and neighbors are viewed as giving help in short-term emergency situations. Thus, it is not surprising that 42 percent of the men in this study did not consider their neighbors to be close friends, although neighbors were called upon to assist with such tasks as starting or pushing a car, lending things, and painting.

The results of this study showed a limited utilization of formal sources of help by the sample. These results are consistent with the literature which suggests a tendency for minorities and the poor to underutilize professional services (Willie, et al., 1973; Shapiro, 1975; Cannon and Locke, 1976; Leutz, 1976; Greenly and Mechanic, 1976).

The utilization of formal sources of help for physical health problems was the noticeable exception to the tendency to underutilize formal sources of help. Specifically, a clinic or hospital was the only formal source of help from which the majority of the men in this study reported having sought help in the last year. Furthermore, age was the only sociodemographic variable explored in this study which showed significant variation among the men who sought help at a clinic or hospital consistent with previous studies, older men tended to go to hospitals or clinics more frequently than did the younger men. An explanation for the significance of age may rest in the fact that health problems often increase with age.

In explaining the differential utilization of clinics or hospitals, consideration should be given to the impact of physical health problems on the lives of people, as well as to social factors which may influence the use of such service. In the case of the former, physical health problems have the potential not only for impairing daily functioning, but also for ending life; therefore, one may feel particularly compelled to seek help from a formal source recognized as having some level of expertise. While no effort was made in this study to determine the nature of the health problem(s) for which help was sought, other findings suggest that the problems were perceived as important or serious enough to warrant help-seeking from a clinic or hospital. For example, the majority (68%) of the men in this study stated that they would have to be "real sick" before they would go to see a doctor. Correspondingly, the majority (55%) reported that they had never been to a doctor and nothing was really wrong. In short, if the health problems for which the men sought help are viewed as near-crisis or crisis situations, then the utilization of formal sources of help is consistent with other studies (e.g., Warren, 1976), including those studies which suggest that many Blacks do not perceive day-to-day problems as requiring professional help (Lerner,1963; Lieberman, 1975; and Gary, 1978).

The second factor which should be considered in explaining the differential utilization of clinics or hospitals by the men in this study relates to social circumstances, e.g., race and income. Again, while such factors were not fully explored in this study, inferences may be drawn from several findings. For example, the availability of and accessibility to clinics and hospitals, as opposed to private physicians, may have accounted for the finding that the majority (70%) of the men in this study did not call a specific doctor when they were ill. Moreover, the majority (62%) reported that they would go to a hospital or clinic first if they started to feel real sick.

Corrigan (1978) identified the characteristics of "trustworthiness" and "expertness" as important attributes of professional helpers. Accordingly, the men in this sample who utilized hospitals or clinics indicated that the professionals in these settings were generally trustworthy, knowledgeable, helpful, and respectful.

Few of the men in this study reported that they had ever consulted with a professional in connection with a nervous or emotional problem. In addition, few indicated that they would consult with a professional for stress-related problems, such as problems with the opposite sex, and problems related to work. However, there was a tendency on the part of some to turn to the clergy for assistance.

Despite the lack of utilization of mental health professionals by the men in this study, the majority exhibited positive attitudes toward community mental health centers (CMHC's). Furthermore, social class variables were not distinguishing factors in determining attitudes toward using CMHC's as has been found in other studies (Hollingshead and Redlich, 1958; Windle, 1980; Cannon and Locke, 1976). Several explanations of the results of this study may be offered. For example, the men in this study may not have perceived their problems as necessitating professional assistance; in addition, their perception of the services which are offered by CMCH's may have been different from the services desired. In both instances, the men would not turn to formal sources of help for mental health services.

CHAPTER V

Conclusions and Recommendations

This study has described and examined the problems and help-seeking patterns of a sample of 142 adult Black male respondents 18 years or older, who resided in the Metropolitan Washington, D.C. area. The conclusions drawn from the findings are presented in this Chapter and include problems identified and help-seeking patterns. The significance, as well as limitations of the study are also presented. In addition, recommendations are suggested for future research and for the development of mental health policies and practices relative to Black men.

Conclusions

Overall, the men in this study appeared to be in good physical health. This conclusion is based on several findings. First, although nearly half of the men reported being ill during the previous year, colds and influenza were the most frequently mentioned illnesses. Furthermore, few of the men had been hospitalized during the previous year.

Despite the assessment that the men in this study were generally in good physical health, two areas of special concern emerged. Specifically, the most frequently mentioned chronic health problems were hypertension and diabetes, two illnesses which have been shown to be associated with a leading cause of death among Blacks, (i.e., strokes or cerebro/vascular disease. The prevalence of chronic illnesses among Blacks in general, as well as the most frequently mentioned chronic health problems among the men in this study, indicate that Black men should be examined regularly for the detection and treatment of these illnesses. The need for regular dental examinations also seems to be substantiated by the findings of this study.

As in the case of physical health, the men in this study also appeared to be in relatively good mental health. This conclusion is based on findings which showed that the majority were happy with their lives, and that most of the men had never felt they were going to have a nervous breakdown. In addition, data resulting from the CES-D Scale reflected that the majority did not manifest depressive symptomatology; further, few of the men reported that they had ever had a drinking problem.

Findings regarding the perceptions of the most serious problems confronting Black men in general indicated that economic or employment problems were mentioned more frequently than were others. Personal and interpersonal problems were viewed by few men in this study as the most serious types of problems confronting Black men in general.

Employment status was found to be a significant variable in the type of problem reported. Specifically, employed men were more likely than were unemployed men to perceive economic or employment problems as the most serious problem facing Black men. Among the unemployed men, social, problems were most frequently mentioned. Age, marital status, family income, and education were not significant.

In the case of the respondents' biggest lifetime problem, economic or employment problems were again the most frequently mentioned ones interpersonal problems were mentioned least often. Significant variations in the type of problem reported were found according to marital status and family income. Specifically, married men and men with family incomes of

$8,000 or more a year were more likely than were others to report economic or employment problems. On the other hand, the men who were not married and those men with family incomes less than $8,000 yearly were more likely than were others to report interpersonal problems.

Additional findings relative to employment indicated that racism and discrimination existed on the jobs of many of the employed men in this study. Racism and discrimination were also problems confronting many of the men during military service.

The results of this study concerning help-seeking revealed that most of the men preferred solving their own problems. However, classification of them as either help-seekers or non-seekers resulted in an equal distribution with no statistically significant variations according to age, education, marital status, family income, or employment status. The type of problem appeared to be more significant in determining the patterns of help-seeking among the men in this study.

Relatives and friends were found to be important sources of help. Mothers, wives or girlfriends were found to be the most frequently mentioned helpers. Age and marital status were consistently significant with respect to the type of assistance provided by relatives. Younger men (i.e., under 35 years old) and men who were not married tended to rely on relatives more than did the older and the married men. As another source of informal help, neighbors did not appear to be as significant as were relatives and friends.

Results of this study also indicated that generally there was little use of formal sources of help by the men. The use of clinics or hospitals was the only exception. Most of the men who reported having utilized clinics or hospitals also reported that the personnel in these facilities were trustworthy, knowledgeable, helpful, and respectful. Age was found to be a significant variable in the use of these facilities, i.e., older men tended to utilize them more than did younger men.

Although few of the men in this study reported that they had ever consulted with a mental health professional for a nervous or emotional problem, the majority indicated a positive attitude toward community mental health centers. Age, education, marital status, family income, and employment status were not significant variables among the men who expressed a positive attitude toward these centers.

Significance and Limitations

As a non-probability sample, the conclusions of this study cannot be generalized to all Black men. However, as has been shown, some of the findings are consistent with national data and several small-scale studies. In this regard, the present study reaffirms the need for concern relative to health problems and the economic and employment status of Black men. Moreover, the importance of family and kin in contributing to the well-being of Black men seems reinforced by this study.

Perhaps the true significance of this study rests with the fact that Black males were the exclusive source of data. Further, the fact that the majority had advanced educationally and occupationally in a society that continues to manifest racism and discrimination toward them, merits special recognition. Their tendency to be self-reliant and the expressed preference for solving their own problems defy myths of a disinterest in work, dependency, and irresponsibility.

Although the study did not include a step-by-step analysis of the help-seeking process over time for specific problems, it does suggest that initial steps in this process involve reaching out to those closest to the person, e.g., family and other kin, and later to secondary or formal sources of help. In addition, the study did not provide an extensive examination of socialization for help-seeking. Such an examination might include cultural influences, family background, and other conditions, e.g., economic factors and the availability of services. Nevertheless, through its exploratory approach, some of the groundwork has been inaugurated. Specific recommendations for future research and for the development of mental health policies and practices relative to Black males are presented in the section which follows.

Recommendations

As the conclusions of this study cannot be generalized to the Black male population as a whole, several research areas and specific hypotheses are suggested for future study. The suggested research has been organized into three major areas: social indicators, problems, and help-seeking patterns.

With reference to social indicators, it is suggested that continued efforts be made to develop and test the validity and reliability of unidimensional and multidimensional measures of mental health as they apply to Black males. Moreover, measures which are culturally sensitive to the life experiences of Black males should be developed and tested. In addition, continued efforts should be made to test the applicability of existing scales and indexes to Black males. For example, as a measure of depressive symptomatology, the CES-D scale should be tested with a probability sample of Black males and females so that hypotheses which address sex differences can be tested. Similarly, hypotheses which address race, social class, and other similarities and differences on these measures should be tested.

Research should also be pursued to identify and analyze life stresses which influence the mental, as well as physical, health of Black males. Based on the findings and conclusions of this study, it is suggested that particular attention be given to external or societal factors such as the state of the economy, employment and educational opportunities, and racism and discrimination. Hypotheses should be tested to isolate factors which differentially impact on the mental and physical health of Black males.

These should include factors which have a positive influence on the mental and physical health of Black males. For example, hypotheses should be developed and tested to ascertain the extent to which religiosity contributes to positive mental health for Black males.

As this study found that Black males generally preferred to solve their own problems, efforts should be made to determine what factors contribute to this preference. Hypotheses related to socialization, gender identification, and race should be tested in this regard. Further, hypotheses should be developed and tested to determine the types of problems for which Black males are more likely to seek help, and to delineate other factors which influence the decision to seek help. Correspondingly, future research should test hypotheses which can contribute knowledge concerning the barriers to help-seeking, particularly in the case of formal sources of help.

Given the general tendency of the men in this study to utilize informal sources of help, additional research is recommended to determine factors which influence the utilization of these sources. Specific hypotheses should be developed and tested to determine the characteristics of those who use these sources, as well as those who provide help. Finally, future research should explore the extent to which Black males serve as informal sources of help for others, i.e., their families and friends.

Although no attempt has been made as a result of this study to propose specific social and mental health policies and practices, insight relative to these areas was generated by this study. Of particular interest are the findings which suggest that difficulties and problems confronting

Black males may often stem from circumstances in society as a whole, especially the economy, employment, racism, and discrimination. Thus, social and mental health policies and practices should give greater attention to the impact of these factors on the social and psychological well-being of Black males.

The results of this study also suggest that informal sources of help, especially relatives and friends, may be valuable resources for many Black males. Therefore, mental health policies and practices should recognize and utilize these resources for enhancing the social and psychological well-being of Black males. Moreover, policies and practices should be initiated which will develop and strengthen informal sources of help.

While relatively few of the men in this study utilized formal sources of help, there was a tendency for them to be amenable to these sources. As a result, it appears that in conjunction with additional research efforts, policy-makers and practitioners should endeavor to develop policies and practices which will facilitate increased utilization of social and mental health services by Black males. Direct contact with persons, groups, and organizations which are sensitive to the needs of Black males should be made to determine what services are needed, and how they should be rendered. These and other recommendations stemming from this study are summarized below.

I. That recognition and consideration be given to external factors, especially economic and employment, which impinge upon the quality of life for Black men including:

   o advocating for Black males in the areas of income and employment equity; and

- o developing intervention strategies that will mediate the negative psychological impact of specific external factors upon mental health.

II. That racism and discrimination be eliminated, especially in employment through:

- o concerted efforts to recruit, hire, retain, and advance Black males who may have previously been excluded from these processes due to their race; and on-going review and monitoring of training, hiring, supervisory, and promotional practices and sanctions to insure compliance; and
- o the development and implementation of on-the-job human relations programs to discourage acts of racism and discrimination.

III. That mental health professionals recognize the importance of informal sources of help for Black men and use these in developing policies and practices; for example,

- o giving consideration to utilizing service strategies which accommodate Black lifestyles and values (i.e., self-reliance, self-help, and use of informal sources of help); and
- o community mental health needs assessments for services from the perspective of persons significant in the lives of Black males, e.g., Black females and Blacks who are generally concerned with the psychological well-being of the Black community.

IV. That mental health professionals initiate and expand their efforts to provide services which are sensitive to the needs of Black men; for example,

- o utilizing appropriate interventions that are efficiently and effectively implemented; and
- o eliminating the use of diagnostic and treatment procedures which are culturally biased; and increased training and hiring of culturally and racially sensitive service providers.

V. That additional research regarding the mental health of Black men be conducted, especially regarding the impact of external factors upon mental health which should include

- o testing the validity and reliability of specific standardized instruments (unidimensional and multidimensional) in assessing mental health status among Black men;
- o longtitudinal studies which address the development of positive and negative mental health conditions for Black males.

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TABLE 8

Selected Variables Which Influence Types of Instrumental Assistance Provided by Subject's Relatives

TYPE OF ASSISTANCE	SELECTED VARIABLES				
	Age	Education	Marital Status	Employment	Income
Loaning you a medium amount of money	X^2 = 8.1 df = 1 S** G = .55	X^2 = 0.0 df = 1 N.S.	X^2 = 3.7 df = 1 S* G = .41	X^2 = 3.5 df = 1 S* G = .45	X^2 = 1.8 df = 1 N.S.
Helping you look for a job	X^2 = 4.4 df = 1 S* G = .41	X^2 = 0.1 df = 1 N.S.	X^2 = 1.0 df = 1 N.S.	X^2 = 1.1 df = 1 N.S.	X^2 = 0.6 df = 1 N.S.
Providing you with a place to stay when you were out of a job or had marital problems	X^2 = 1.3 df = 1 N.S.	X^2 = 1.1 df = 2 N.S.	X^2 = 5.3 df = 1 S** G = .48	X^2 = 6.2 df = 2 S* G = .38	X^2 = 6.1 df = 2 S* G = .39

* Significant at the .05 level
** Significant at the .02 level
*** Significant at the .001 level

TABLE 9

Selected Variables Which Influence Types of Expressive Assistance Provided by Subject's Relatives

TYPE OF ASSISTANCE	SELECTED VARIABLES				
	Age	Education	Marital Status	Employment	Income
Giving you good advice on how to deal with a problem	X^2 = 10.7 df = 3 S** G = .41	X^2 = 2.9 df = 3 N.S.	X^2 = 6.8 df = 3 S* G = .35	X^2 = 3.0 df = 3 N.S.	X^2 = 4.5 df = 3 N.S.
Standing by you when you were in trouble	X^2 = 11.2 df = 3 S*** G = .46	X^2 = 2.1 df = 1 N.S.	X^2 = 1.1 df = 1 N.S.	X^2 = 2.6 df = 3 N.S.	X^2 = 1.3 df = 1 N.S.
Helping you out of a period of being depressed	X^2 = 3.2 df = 3 N.S.	X^2 = 0.5 df = 3 N.S.	X^2 = 3.6 df = 3 N.S.	X^2 = 3.5 df = 3 N.S.	X^2 = 2.3 df = 3 N.S.

* Significant at the .10 level

** Significant at the .02 level

*** Significant at the .01 level

TABLE 10

Selected Variables Which Influence Types of Instrumental-Expressive Assistance Provided by Subject's Relatives

TYPE OF ASSISTANCE	SELECTED VARIABLES				
	Age	Education	Marital Status	Employment	Income
Taking care of you when you were sick	$X^2 = 11.1$ df = 3 S** G = .44	$X^2 = 0.3$ df = 3 N.S.	$X^2 = 7.2$ df = 3 S* G = .35	$X^2 = 2.6$ df = 3 N.S.	$X^2 = 1.5$ df = 3 N.S.
Taking care of your children	$X^2 = 2.7$ df = 3 N.S.	$X^2 = 0.2$ df = 1 N.S.	$X^2 = 2.9$ df = 1 N.S.	$X^2 = 2.3$ df = 1 N.S.	$X^2 = 0.0$ df = 1 N.S.

* Significant at the .05 level
** Significant at the .01 level

Center for Epidemiologic Studies Depressed Mood Scale (CES-D)

Circle the number for each statement which best describes how often you felt or behaved this way—DURING THE PAST WEEK.

	DURING THE PAST WEEK:	Rarely or None of the Time (Less than 1 Day)	Some or a Little of the Time (1-2 Days)	Occasionally or a Moderate Amount of Time (3-4 Days)	Most o All of the Tim (5-7 Day
1.	I was bothered by things that usually don't bother me	0	1	2	3
2.	I did not feel like eating; my appetite was poor	0	1	2	3
3.	I felt that I could not shake off the blues even with help from my family or friends	0	1	2	3
4.	I felt that I was just as good as other people	0	1	2	3
5.	I had trouble keeping my mind on what I was doing	0	1	2	3
6.	I felt depressed.	0	1	2	3
7.	I felt that everything I did was an effort	0	1	2	3
8.	I felt hopeful about the future	0	1	2	3
9.	I thought my life had been a failure	0	1	2	3
10.	I felt fearful	0	1	2	3
11.	My sleep was restless	0	1	2	3
12.	I was happy	0	1	2	3
13.	I talked less than usual	0	1	2	3
14.	I felt lonely	0	1	2	3
15.	People were unfriendly	0	1	2	3
16.	I enjoyed life	0	1	2	3
17.	I had crying spells	0	1	2	3
18.	I felt sad	0	1	2	3
19.	I felt that people disliked me	0	1	2	3
20.	I could not get "going"	0	1	2	3

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